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

DEPARTMENT:

AGENDA DATE:

PUBLIC HEARING DATE:

CONTACT PERSON NAME:

PHONE NUMBER:

DISTRICT(S) AFFECTED:

STRATEGIC GOAL:

SUBGOAL:

SUBJECT:

BACKGROUND / DISCUSSION:

COMMUNITY AND STAKEHOLDER OUTREACH:

PRIOR COUNCIL ACTION:

AMOUNT AND SOURCE OF FUNDING:

REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:

NAME	AMOUNT (\$)

aria O. Papillas **DEPARTMENT HEAD:**

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

TAX REFUNDS OVER THREE (3) YEARS January 21, 2025

- Stuart C. Cox, Chapter 13 Trustee, in the amount of \$706.74, made an overpayment on September 30, 2021, of 2021 taxes. (Geo.# 1637-000-1319-9070)
- Luis V. Perez, through Stuart C. Cox, Trustee, in the amount of \$68.93, made an overpayment on October 30, 2021, of 2021 taxes. (Geo.# B787-000-0040-0600)

Papillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

	A	TAX OFF RECEIV	ICE ED
	<u>)</u>	<u> </u>	2024
MARIA O. PAS CITY OF EL PASO TAX A 221 N. KANS EL PASO, PH: (915) 212-0106 FAX: (915) 212-01	AS, STE 300 TX 79901		
		Geo No. 1637-000-1319-9070	Prop ID 660850
		Legal Description of the P VEH	roperty
STUART C. COX, TRUSTEE 1760 N. LEE TREVINO DR. EL PASO , TX 79936-0000	,	3601 BRAYMAN PL 79938	
0	R /	OWNER: FLASH TRANSPOI	RT
+ 3.	45	2021 OVERAGE A	MOUNT \$706.74

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 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	TY TAX REFUN	D: This application must l	be completed, signed, an	d submitted with suppo	rting documentation to be valid.	
Step 1. Identify the refund	Who should th	e refund be issued to:				
recipient. Show information for	Name: 5	cuart Cox, (hapter 13	Truster	/ /	
whomever will be receiving	Address: \overline{P}	o Box ZIO				
the refund.	City, State, Zip	Memphis	TN 371	101		
	Daytime Phone		114	E-Mail Address:	nucied@ch13e paso.	. COM
Step 2. Provide payment	Payment made	by:	Check No.	Date Paid	Amount Paid	- (
information. Please attach copy of cancelled	Check Paymer	ıt	393490	09/30/2021	\$812.50	
check, original receipt, online payment confirmation or	Case#	18-30600	CIM# 030			
bank/credit card statement.	•••		NT PAID (sum of th	e above amounts)		
Step 3. Provide reason for	Please check of	ne of the following:				
this refund. Please list any accounts and/or	I paid th	is account in error and I a	m entitled to the refur	nd.		
years that you intended to pay	I overpa	id this account. Please ref	und the excess to the	address listed in Step	1.	
with this overage.	I want t	nis payment applied to nex	kt year's taxes.			
A	This pay	ment should have been ap	oplied to other tax acc	ount(s) and/or year(s), escrow (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on t		et. (If you make a fals	se statement on this a	rtify that the information I pplication, you could be found Sec. 37.10.)	
fue 11-25-24	SIGNATURE	OF REQUESTOR (REQU	(IRED) PI	RINTED NAME & E	DATE 11-14-24	
TAX OFFICE USE ONLY:	Approved	Denied B	y: Nit	Date:	11-22-24	

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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, Stuart Cox Chapter 13 Trustee ("Taxpayer") has applied for a refund with the tax assessor for their 2021 property taxes that were overpaid on September 30, 2021 in the amount of \$706.74 (Seven Hundred and Six and 74/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2021 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 Stuart Cox Chapter 13 Trustee showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2021 taxes and the tax refund in the amount of \$706.74 (Seven Hundred and Six and 74/100 Dollars) is approved.

APPROVED this _____ day of _____, 20__.

CITY OF EL PASO:

Renard U. Johnson Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Oscar Gomez Assistant City Attorney APPROVED AS TO CONTENT: Jana O. Papillas

Maria Pasillas Tax Assessor/Collector

		X OFFICE ECEIVED
MARIA O. PAS CITY OF EL PASO TAX AS 221 N. KANSA EL PASO, T PH: (915) 212-0106 FAX: (915) 212-01	S, STE 300 X 79901	Prop ID
	B787-000-0040-0600	268813
	Legal Description of the 4 BUENA SUERTE ESTAT (64033.20 SQ FT)	
STUART C. COX, TRUSTEE 1760 N. LEE TREVINO DR. EL PASO , TX 79936-0000	17671 MONTANA AVE	
OP	OWNER: VIBANCO LUIS	P & JUAN G P
+ 3.	Yrs 2021 OVERAGE	E AMOUNT \$68.93

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 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	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:
recipient. Show information for whomever will be receiving	Name: LINS V, PEFEZ
	Address: 305 Park St.
the refund.	City, State, Zip: El PASO TX 19901
	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 Payment 394831 10/30/2021 \$101.88
check, original receipt, online	Pacett 3945121 Alu HARZ ALCON 21-1727
payment confirmation or bank/credit card statement.	17 37757 UM#022 Close 3/7/2022
Step 3. Provide reason for	Please check one of the following:
this refund. Please list any accounts and/or years that you intended to pay	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.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I
Unsigned applications cannot	have given on this form is true and correct. (If you make a false statement on this application, you could be found with a false statement on this application, you could be found with a false statement of a false statem
be processed.	guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)
The se	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE 11-14-24
()125.84	My Stuary Cop 1
TAX OFFICE USE ONLY:	Approved Denied By: N.L. Date: 11-22-24

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, Luis V. Perez through Stuart C Cox Trustee ("Taxpayer") has applied for a refund with the tax assessor for their 2021 property taxes that were overpaid on October 30, 2021 in the amount of \$68.93 (Sixty-Eight and 93/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2021 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 Luis V. Perez through Stuart C Cox Trustee, showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2021 taxes and the tax refund in the amount of \$68.93 (Sixty-Eight and 93/100 Dollars) is approved.

APPROVED this _____ day of _____, 20__.

CITY OF EL PASO:

Renard U. Johnson Mayor

ATTEST:

Laura D. Prine City Clerk

APPROYED AS TO FORM:

Oscar Gomez Assistant City Attorney APPROVED AS TO CONTENT:

aria O Papillas

Maria Pasillas Tax Assessor/Collector