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

**AGENDA DATE:** 

**PUBLIC HEARING DATE: July 20, 2021** 

CONTACT PERSON(S) NAME AND PHONE NUMBER: Maria O. Pasillas, (915) 212-1737

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL: Goal 6 – Set the Standard for Sound Governance and Fiscal Management

SUBGOAL: 6.11 Provide efficient and effective services to taxpayers

### SUBJECT:

APPROVE a resolution / ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

That the tax refunds listed on the attachment posted with this agenda be approved. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments greater than \$2,500.00. (See Attachment A)

### **BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Approve property tax overpayment refunds greater than \$2,500.00, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

### PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Council has considered this previously on a routine basis.

### **AMOUNT AND SOURCE OF FUNDING:**

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? \_X\_YES \_\_\_NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD: Varia O Parilla o

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

Revised 04/09/2021

### TAX REFUNDS July 20, 2021

1.	Hobby Lobby Stores Inc., in the amount of \$14,532.9 2021 of 2020 taxes. (Geo. #B692-999-0010-4500)	90, made an overpayment on January 20,
2.	Ruth W. Reeves, in the amount of \$2,810.03, made a 2020 taxes. (Geo. # C844-999-0100-0900)	an overpayment on February 1, 2021 of
3.	Escrow,Inc., in the amount of \$4,847.52, made an overaxes. (Geo. # U819-999-006A-2240)	Werpayment on January 23, 2021 of 2020  Maria O. Paoillas
	Laura D. Prine	Maria O. Pasillas, RTA
	City Clerk	Tax Assessor Collector



JUL 0 6 2021

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

HOBBY LOBBY STORES INC 7707 S W 44TH

OKLAHOMA CITY, OK 73179



Geo No. B692-999-0010-4500 Prop ID 408214

Legal Description of the Property

I BOYKIN COMMERCIAL DISTRICT PT OF 1 BEG 486.59 FT E OF SWC (EXC NELY TRIA) (173662,38 SQ FT)

7930 N MESA ST

OWNER: HARVEY-WHITE I LTD

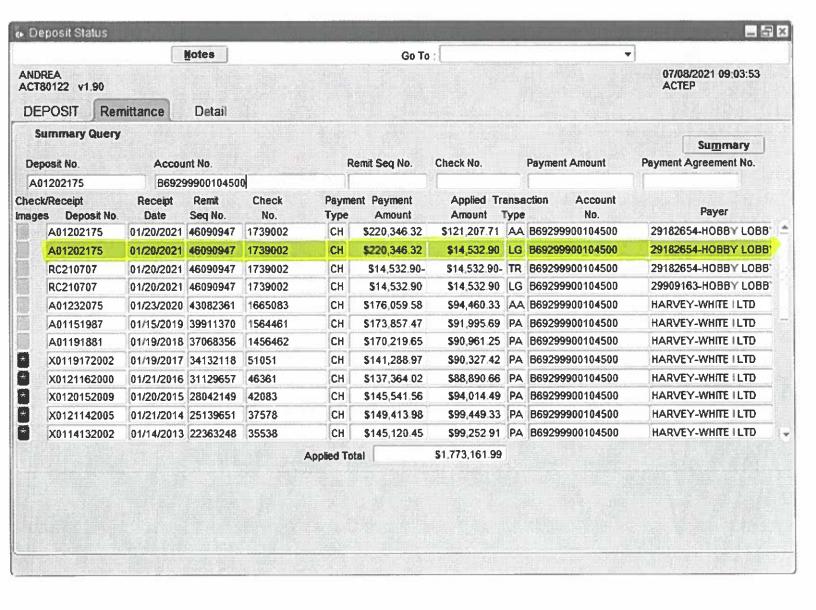
2020 OVERAGE AMOUNT \$14,532.90

11 CITY OF EL PASO, 31 EL PASO ISD, 61 COUNTY OF EL PASO, 71 EL PASO COMMUNITY COLLEGE, 81 UNIVERSITY MEDICAL CENTER OF EL **PASO** 

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.

	Y TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.
recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:  Name: Hobby Stores The Address: Affn: Stace Hunt Tax dept 1107 Sw 44th Stores. City. State. Zip: OX 13179  Daytime Phone No.: 405 - 518 - 1941 E-Mail Address: State Phone Ph
	Payment made by:  Check No. Date Paid Amount Paid  Check No. Date Paid Amount Paid  Color 139 002 120/21 220, 346.32  The.  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):
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

Print Date: 06/08/2021





TAX OFFICE RECEIVED JUL 0 6 2021

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

REEVES RUTH W & RHONDA P ROBERTSON 225 MONTEBELLO DR

EL PASO, TX 79912-4409



 Geo No.
 Prop ID

 C844-999-0100-0900
 122541

### Legal Description of the Property

10 CORONADO TOWNHOUSES 5 EXC ELY 2 FT & UND 1/168 INT IN COMMON AREA OF UNITS 1 & 2 (4739 SQ FT)

208 PASO NOBLE DR

OWNER: REEVES RUTH W & RHONDA P ROBERTSON

2020 OVERAGE AMOUNT \$2,810.03

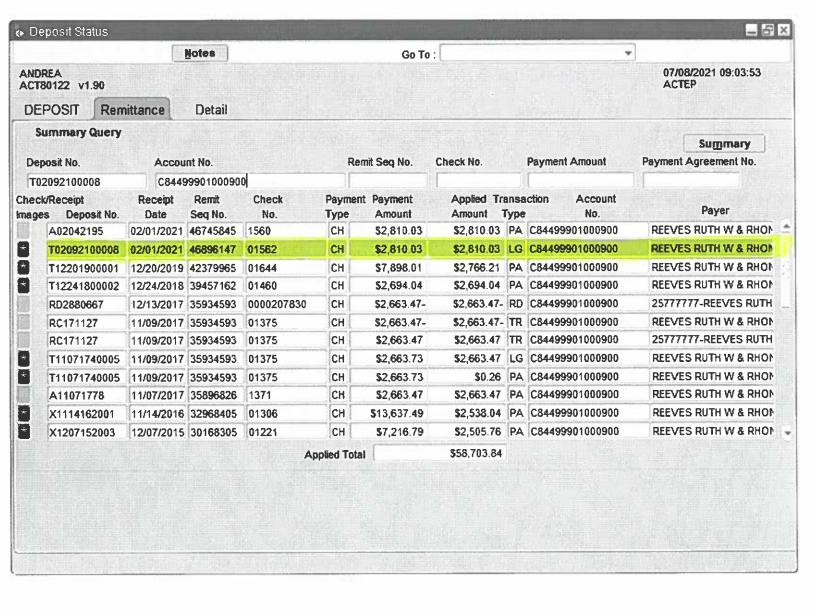
1: CITY OF EL PASO. 3: EL PASO ISD. 6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO

### 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	ΓΥ TAX REFUND: Th	is application must be	completed, signed, a	nd submitted with sup	porting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:						
recipient.	Name Rut	HW.	REEV	ES	/		
Show information for whomever will be receiving	Address: 225 MONTEBELLO De.						
the refund.	City. State. Zip: EL PLAO, TEXAS 79912						
	Daytime Phone No.: 4		04-197	E-Mail Address	RWZRS 220	2/	
	Payment made by:		Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online payment confirmation or		0	1562	2121	\$2,810.03		
bank credit card statement.	-	TOTAL AMOUN	T PAID (sum of t	he above amounts		1	
5.00 5.11.6.1	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):						
						36	
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.)						
Sucololar	SIGNATURE OF REQ	UESTOR (REQUI	RED)	PRINTED NAME 8		92	
TAX OFFICE USE ONLY:	Approved	Denied By	7	Date:	27/07/2000		

Print Date: 06/08/2021



200

# THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300 El Paso, Texas 79901

TAX OFFICE RECEIVED

JUL 07 2021

Phone (915) 212-0106, Fax (915) 212-0108

		APPLICA	ATION FOR T	AX REFL	סאנ 🗸			
The Cons	olldated Tax Office co	lects property	texes for all elle	Ible propert	y taxing entitle	s within E	Paso County.	
APPLICANT MUST PROV	IDE THE FOLLOWING IN	FORMATION:			_			
Refund To:  CSCTOW, INC.  11395 JAMES WATT - #A-4 EL PASO, TEXAS 78830		HOME:		Property IDN (One application per account) U819-999-006A-82Vo				
			Property Address: 110 MAM IE ROAD 199323 Andror Legal Description: TRET 22 F2A BLOCK 6 UPPER VAL					•
Tax year requested:  1. 0020  2.	Date payment made:	Check No. & I	Date, if known: 	Amount of t	exes paid:		of refund reques	
3.						1		
-	TOTAL AMOU	NT (sum of the	above amounts)					
			<u> </u>	- /-	City Council app	roval regul	red if over \$2,500	0)
REASON FOR OVE	bank statement		al receipt, front o cleared (both t				erre	
Requestor signatu	ermation given to obt What V ure: What EV is	ain this rotun	d is true and c	orrect,"	Date:		7-202 edent	
Printed name:					Titie:			
At (2) Imprisonment u	y person knowingly submit p to one year, or flue not or the date of ti	ver \$2,000, or bot	is subject to: (1) In th. (Sec 37.10 Penal e foxplayer waives t	(Code) An app	lication for a refu	rid must be r	or both. nadc within 3 year	rs ofter
TAX OFFICE Entry:  Tax Office Approval:	DEFU	IND APPROVE	D			Døte:	07107	1010
	WC 7[7] 2 ncll Agenda over \$2,50					Date:		
( ) Record of	) ( ) Retu documentation (Tax r f overpayment not fou not found as identified	ind on this pro	led Check, Bank operty.	See below/a Statement,		submitted	l.	

