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

AGENDA DATE: October 24, 2023 PUBLIC HEARING DATE: N/A

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

DISTRICT(S) AFFECTED: All

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

SUBGOAL: 6.11 Provide efficient and effective services to taxpayers

SUBJECT:

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

Barbara McDade, in the amount of \$20.03, made an overpayment on May 4, 2020 of 2019 taxes; Geo. # X606-000-010F-1490. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments exceeding the three (3) year limit.

BACKGROUND / DISCUSSION:

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

Approve property tax overpayment refunds exceeding the statutory three (3) year limit, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

PRIOR COUNCIL ACTION:

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

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

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

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? _X_ YES ___NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD:

Maria O. Papillas

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

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, Barbara McDade through Robert Timothy & Barbara Ann McDade ("Taxpayer") has applied for a refund with the tax assessor for their 2019 property taxes that were overpaid on May 04, 2020 in the amount of \$20.03 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 Barbara McDade through Robert Timothy & Barbara Ann McDade 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 \$20.03 is approved.

APPROVED this _____ day of _____, 2023.

CITY OF EL PASO:

Oscar Leeser Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor/Collector

Senior Assistant City Attorney

MARIA O. PASILLAS CITY OF EL PASO TAX ASSESSO 221 N. KANSAS, STI EL PASO, TX 799	OR COLLECTOR E 300 01	AUG 3 0 2023
PH: (915) 212-0106 FAX: (915) 212-0107 Em	Geo No. X606-000-010F-1490	Prop ID 680398
	Legal Description of the I 6 PUBLIC SCHOOL SEC 10 (0.6886 AC)	
MCDADE ROBERT TIMOTHY & BARBARA ANN 16032 GAY LYNN RD	16032 GAYLYNN RD 7993	8
EL PASO, TX 79938-8396	OWNER: MCDADE ROBER BARBARA ANN	T TIMOTHY &
+3455	2019 OVERAGE	AMOUNT \$20.03

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 PROPERT	TY TAX REFUND:	This application m	ust be completed, signed, and	submitted with suppo	rting, documentation to be valid.			
Step 1. Identify the refund	Who should the reft	ind be issued to:						
recipient. Show information for whomever will be receiving the refund.	Name: Bas	bara	Al Dade	1				
	Address: 160=	2 Gay	1 Juna ld	1				
	City, State, Zip:	FO Print	TX 799=	18				
	Daytime Phone No.	915-23	85812	E-Mail Address:				
	Payment made by:	and the	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	MO	#-R	20940218 8501	5/4/20	238.00			
bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts)						
Step 3. Provide reason for	Please check one of							
this refund. Please list any accounts and/or years that you intended to pay with this overage.	Vpaid this account in error and I am entitled to the refund.							
	V 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.	have given on this for	orm is true and co		e statement on this	ertify that the information I application, you could be found Sec. 37.10.)			
flue 8/31/23	SIGNATURE OF R	EQUESTOR (RI	EQUIRED) PF	Barbar	a Medade 1			
TAX OFFICE USE ONLY:	Approved	Denied	By: N. р.	Date:	8-30-23			



Internal Audit Department

MAYOR Oscar Leeser	DATE:	September 18, 2023		
	TO:	Maria O. Pasillas, Tax Assessor/Co	ollector Colominalo S. Caldim	
CITY COUNCIL	FROM:	Edmundo S. Calderon, CIA, CGA		
District 1 Brian Kennedy	SUBJECT:	Review of Tax Overpayment Refu	inds that Exceed Three Years	_
District 2 Alexsandra Annello District 3	a three-year p management	eriod. This engagement was accepted of risks, add value, and/or improve t	w of the Tax Overpayment Refunds that exceede d based on the engagement's potential to improv the organization's operations (IIA 2010.C1). Th conducted in accordance with <u>Generally Accepte</u>	/e 1e
Cassandra Hernandez	Government A	Auditing Standards (GAS 1.16). The	observations and conclusions that are reported i	
District 4 Joe Molinar		dum do not require Management resp z Tax Overpayment Refund that exce	eded a three-year period was reviewed:	
District 5 Isabel Salcido	BARBARA N		X606-000-010F-1490 \$20.03	
District 6 Art Flerro	of payments.	Attached is a list of days from the da	d application, copies of cancelled checks or proc ate the completed application was received by the	ie
District 7 Henry Rivera		nd sent to the Internal Audit Departropplication received and send for revie	ment for review. The Tax Office took 16 days tew.	to
District 8 Chris Canales		be appropriate to send to City Count	efunds that exceeded a three-year period wer cil for approval pursuant to Section 31.11 (c-1) o	
INTERIM CITY MANAGER Cary Westin		tin, Interim City Manager ortinas, Deputy City Manager & Chie	ef Financial Officer	



Edmundo S. Calderon, CIA, CGAP, CRMA – Chief Internal Auditor Internal Audit Department | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | D: (915) 212-1365 | Email: calderones@elpasotexas.gov

City of El Paso Internal Audit Department Tax Office Refund Project Week of 09/11/2023 Reviews- Over Three Years

Bellevi 1-	P 200 Number	Amount of Network	Date big ation		Date Applicat	Date Tax Office Sent to		Da - Internal Audit	Conned
I BARBARA MCDADE	X606-000-010F-1490	\$20 03	8/27/2023	8/30/2023	8/31/2023	9/15/2023	10	9/18/2023	



