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

## AGENDA DATE: May 21, 2024 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:

A refund to Melissa Epperson, in the amount of \$3,100.36 for an overpayment made on January 20, 2024 of 2023 taxes, Geo. # N425-999-0180-1700. 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.

#### BACKGROUND / DISCUSSION:

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:

Council has considered this previously on a routine basis.

#### AMOUNT AND SOURCE OF FUNDING:

N/A

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

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

**DEPARTMENT HEAD:** 

Javia O Pasillas

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

	MARIA O. PASILLAS, RT EL PASO TAX ASSESSOR O 221 N. KANSAS, STE 300 EL PASO, TX 79901 FAX: (915) 212-0107 Email: ta	)		
111. (713) 212-0100	174.1. ()13) 212-0107 Emain a	Geo No. N425-999-0180-1700	<b>Prop II</b> 341266	
		Legal Description of the Property 18 NORTH HILLS #5 LOT 17 (6518.30 SQ 1		
MELISSA EPPERSON 4664 LOMA GRANDE DR EL PASO , TX 79934	+2500	4664 LOMA GRANDE DR		
	$\checkmark$	OWNER: EPPERSON JOHN	E	
	OP	2023 OVERAGE AN	MOUNT \$3,	

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	ГҮ ТАУ	K REFUND:	This applicati	on must be com	pleted, signed, a	nd submitted with	supporting docu	imentation to	bè`valid.
Step 1. Identify the refund	Who s	should the re	efund be issued	to:		如當己的			
recipient. Show information for whomever will be receiving the refund.	Name: Melissa Epperson								
	Address: 4664 Lonia Grande Dr.								
	City, State, Zip: EL PASO, N. 79934								
	Daytin	ne Phone N	10.: 915-3	07-1070		T	ess: JEPPEN	SONEG	AN. CM
Step 2. Provide payment	Payme	ent made by			Check No.	Date Paid		ount Paid	1)
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	E	F Chec	ck	578	8884	1.20.2	4 \$3	3,100	36
bank/credit card statement.	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.								
	1	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.							
Suc 51, 24	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 g	given on this	s form is true an	d correct. ( If	you make a fa	described taxes a ulse statement on he Texas Penal C	this applicatio	on, you cou	
ADDATES THE REAL PROPERTY AND REAL ADDATES AND ADDATES ADDATES ADDATES ADDATES ADDATES ADDATES ADDATES ADDATES	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE								
APR 2 9 2024	5	lissa	J Eppe	now		Melissa Ep	person	3	8/2024
Received POP TAX OFFICE USE ONLY:		pproved	Denied	By:	NA	- Date:	1.0	a. 24	-