

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

AGENDA DATE:

PUBLIC HEARING DATE: May 11, 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? YES NO

PRIMARY DEPARTMENT: Tax Office

SECONDARY DEPARTMENT: N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:


Maia O. Pasillas

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

TAX REFUNDS
May 11, 2021

1. Efrain Corona Family 2005 Trust and Coron, in the amount of \$2,896.62, made an overpayment on March 8, 2021 of 2020 taxes.
(Geo. # S658-999-0050-1200)

Laura D. Prine
City Clerk


Maria O. Pasillas, RTA
Tax Assessor Collector

APR 21 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

EFFRAIN CORONA FAMILY 2005 TRUST &
CORON
11812 GLORIETTA RD
SAN ELIZARIO, TX 79849-9600

OP
+2500

Geo No. S658-999-0050-1200	Prop ID 337865
Legal Description of the Property 5 STILES GARDENS 11 (EXC NELY PT) (15667 SQ FT) 7132 NORTH LOOP DR	
OWNER: EFFRAIN CORONA FAMILY 2005 TRUST & CORON	

2020 OVERAGE AMOUNT ~~\$2,896.62~~ ✓

\$2,896.62
#3,729.27

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 PROPERTY 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:			
	Address:			
	City, State, Zip:			
Daytime Phone No.:		E-Mail Address:		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/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:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<input type="checkbox"/> 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	
<i>[Signature]</i>		EFFRAIN CORONA ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i>	Date: 04/20/2021 ✓	

SIGN HERE

Julie 4/20/2021

I OVER PAID 3729.27

ANDREA
ACT80122 v1.90

04/22/2021 13:54:58
ACTEP

Deposit REMITTANCE Detail

Summary Query

Deposit No.	Account No	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Summary	
EB0308211000	98899900501200								Payment Agreement No.	
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
EB0308211000	03/08/2021	47060989	07107	CH	\$3,729.27	\$3,729.27	LG	98899900501200	EFFRAIN CORONA FAMIL	
AC1032093	01/03/2020	42308137	158	CH	\$1,137.13	\$742.28	PA	98899900501200	EFFRAIN CORONA FAMIL	
AC1221986	01/22/2019	40042303	0001784811	CH	\$727.95	\$727.95	PA	98899900501200	EFFRAIN CORONA FAMIL	
A11021741	10/31/2017	39390972	45883219	CH	\$528.17	\$528.17	PA	98899900501200	EFFRAIN CORONA FAMIL	
402131779	03/13/2017	35081120	20115225	CH	\$974.03	\$974.03	PA	98899900501200	24896229-WESTSTAR TT	
			20115225	CH	\$974.03	\$10.35	LG	98899900501200	24896229-WESTSTAR TT	
			2181	CH	\$21,120.63	\$430.18	PA	98899900501200	OMEGA CONSTRUCTION	
			2147	CH	\$51,990.86	\$484.12	PA	98899900501200	OMEGA CONSTRUCTION	
			1210	CH	\$21,792.94	\$475.43	PA	98899900501200	22797138-MIRAGE APPE	
			1178	CH	\$1,999.79	\$497.47	PA	98899900501200	OMEGA CONSTRUCTION	
			11091	CH	\$25,620.63	\$449.63	PA	98899900501200	OMEGA CONSTRUCTION	
				Applied Total		\$19,472.93				

3,729.27
783.10
68.75

2,886.62

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