

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

AGENDA DATE: November 22, 2022
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.

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:

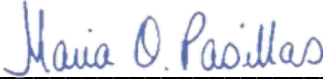
Maria O. Pasillas

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

TAX REFUNDS
November 22, 2022

1. Ana Suffle', in the amount of \$2,651.70 made an overpayment on October 16, 2022 of 2022 taxes.
(Geo. # T109-999-0240-7600)
2. Shandy Maokhamphiou, in the amount of \$3,931.27 made an overpayment on October 21, 2022 of 2022 taxes.
(Geo. #P481-999-0100-1700)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED
OCT 24 2022

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 Email: taxforms@elpasotexas.gov

4 card

ANA SUFFLE'
1146 N CLARK DR
EL PASO, TX 79905-2014

*OP ✓
+2500*

Geo No. T109-999-0240-7600	Prop ID 113382
Legal Description of the Property 24 TEJAS LOT 26 (6325 SQ FT)	
1151 N CLARK DR	
OWNER: POSADA SERGIO A & SUFFLE ANA L	

2022 OVERAGE AMOUNT \$2,651.70

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 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: <i>Ana Suffle'</i>			
	Address: <i>1146 N. Clark Dr.</i>			
	City, State, Zip: <i>El Paso, TX 79905</i>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	<i>915-494-8344</i>	E-Mail Address:	<i>anasuffle18@gmail.com</i>
	Payment made by:	Check No.	Date Paid	Amount Paid
	<i>Credit Card ✓</i>	<i>4631411</i>	<i>10/16/22</i>	<i>\$2651.70</i>
	Transaction I.D. <i>206055679700000</i> <i>10/16/22</i> <i>\$2651.70</i>			
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 checked="" type="checkbox"/> I <u>overpaid</u> 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.			
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) <i>Ana Lilia Suffle'</i>		PRINTED NAME & DATE <i>Ana Lilia Suffle' 10/19/22</i>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H.</i> Date: <i>11-4-22</i>				

Notes

LUZR 11/10/2022 10:05:01
 ACT80122 v1.91 ACTEP

DEPOSIT **Remittance** **Detail**

Summary Query **Summary**

Deposit No.	Account No	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
IP101722	T10999902407600				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	IP101722	10/16/2022	51001937	CC004631411	CR	\$2,851.70	\$2,651.70	LG	T10999902407600	31523312-ANA SUFFLE
	IP101722	10/16/2022	51001915	CC004631117	CR	\$2,651.70	\$2,651.70	PA	T10999902407600	31523290-ANA SUFFLE
	IP10182185	10/16/2021	47813095	CC003870082	CR	\$2,433.02	\$2,433.02	PA	T10999902407600	30034583-ANA L SUFFLE
	T11032000010	11/02/2020	44761911	00552	CH	\$2,149.31	\$2,149.31	PA	T10999902407600	POSADA SERGIO A & SL
	IP10231985	10/22/2019	41649883	CC002598294	CR	\$2,115.79	\$2,115.79	PA	T10999902407600	27588699-ANA L SUFFLE
	IP11051898	11/03/2018	38807458	CC002127414	CR	\$2,044.95	\$2,044.95	PA	T10999902407600	26845055-ANA L SUFFLE
	A01031884	01/03/2018	36681962	7930	CH	\$6,342.34	\$1,839.20	PA	T10999902407600	POSADA SERGIO A & SL
	A02221777	02/22/2017	34915693	589	CH	\$2,204.07	\$2,204.07	PA	T10999902407600	POSADA SERGIO A & SL
	M15800000001	12/31/2015	30589755	151231121119	EF	199,122,808.45	\$2,027.11	PA	T10999902407600	800000-CORELOGIC
	M14800000001	12/24/2014	27452431	141224101136	EF	200,035,948.32	\$2,064.34	PA	T10999902407600	800000-CORELOGIC
	M13800000001	12/30/2013	24637732	62075007	CH	133,990,884.95	\$1,857.39	PA	T10999902407600	800000-CORELOGIC
	M12800000001	12/17/2012	21840980	122059711	CH	137,358,358.38	\$1,804.46	PA	T10999902407600	800000-CORELOGIC

Applied Total



TAX OFFICE RECEIVED

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

OCT 31 2022

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. P481-999-0100-1700	Prop ID 175304
Legal Description of the Property 10 PARKWOOD LOT 9 (6695 SQ FT) 2909 PENWOOD DR	
OWNER: MAOKHAMPHIOU SHANDY S	

SHANDY MAOKHAMPHIOU
2909 PENWOOD DR
EL PASO, TX 79935

OP
+2500

2022 OVERAGE AMOUNT \$3,931.27

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: <u>Shandy Maokhamphiou</u>			
	Address: <u>2909 Penwood Dr.</u>			
	City, State, Zip: <u>El Paso, TX 79935</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>619-453-5222</u>		E-Mail Address: <u>Shandy.Maokhamphiou@gmail.com</u>	
	Payment made by: <u>Echeck</u> Check No. <u>4640756</u> Date Paid <u>10/21/22</u> Amount Paid <u>\$3931.27</u>			
	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" 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.			
	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) <u>[Signature]</u>		PRINTED NAME & DATE <u>Shandy Maokhamphiou 27 Oct 2022</u>	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NN</u> Date: <u>11-1-22</u>			

Notes

Go To:

LUZR
ACT80122 v1.91

11/10/2022 10:05:01
ACTEP

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
EC102422	P48199901001700									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC102422	10/21/2022	51051416	CC004640756	CR	\$3,931.27	\$3,931.27	LG	P48199901001700	31544226-SHANDY MAOI
	EC102422	10/21/2022	51051415	CC004640754	CR	\$3,931.27	\$3,931.27	PA	P48199901001700	31544225-SHANDY MAOI
	RC221101	10/21/2022	51051416	CC004640756	CR	\$3,931.27	\$3,931.27	TR	P48199901001700	31578180-MAOKHAMPHI
	RC221101	10/21/2022	51051416	CC004640756	CR	\$3,931.27	\$3,931.27	TR	P48199901001700	31544226-SHANDY MAOI
	RC221103	10/21/2022	51051416	CC004640756	CR	\$3,931.27	\$3,931.27	TR	P48199901001700	31578180-MAOKHAMPHI
	RC221103	10/21/2022	51051416	CC004640756	CR	\$3,931.27	\$3,931.27	TR	P48199901001700	MAOKHAMPHIOU SHAN
	EC122721	12/24/2021	48703250	CC004025531	EC	\$4,250.70	\$4,250.70	PA	P48199901001700	30361316-SHANDY SUNN
	EC01062198	01/06/2021	45782217	CC003379241	EC	\$3,996.55	\$3,996.55	PA	P48199901001700	29076588-RUBEN JAME
	EC01032098	01/02/2020	42642781	CC002733340	EC	\$3,883.45	\$3,883.45	PA	P48199901001700	27853314-RUBEN CARRI
	EC01071998	01/07/2019	39760757	CC002250635	EC	\$3,895.52	\$3,895.52	PA	P48199901001700	26880717-RUBEN CARRI
	EC01021998	01/01/2019	39636923	CC002232717	EC	\$3,865.52	\$3,865.52	PA	P48199901001700	26848239-RUBEN CARRI
	RIE01041985	01/01/2019	39636923	CC002232717	EC	\$3,865.52	\$3,865.52	RX	P48199901001700	26848239-RUBEN CARRI
Applied Total							\$67,874.16			