

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

AGENDA DATE: August 29, 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.

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
August 29, 2023

1. Dollar General c/o Dolgencorp of Texas Inc, in the amount of \$8,115.36 made an overpayment on December 16, 2021 of 2021 taxes.
(Geo. #17PP-999-6897-3042)
2. Jesse Ballesteros, in the amount of \$6,577.52 made an overpayment on July 31, 2023 of 2022 taxes.
(Geo. #C811-999-0220-0700)
3. Mark Grissom, in the amount of \$3,000.01 made an overpayment on June 29, 2023 of 2022 taxes.
(Geo. #E940-999-0010-1300)
4. EP Sharp Investments LLC, in the amount of \$3,172.93 made an overpayment on January 23, 2023 of 2022 taxes.
(Geo. #M794-999-0520-6100)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

17090



TAX OFFICE RECEIVED JUL 27 2023

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

DOLLAR GENERAL CORPORATION 100 MISSION RIDGE GOODLETTSVILLE, TN 37072

OP +2500 ✓

Geo No. 17PP-999-6897-3042 Prop ID 670776 Legal Description of the Property #17090 INV FURN CMP MACH SIGN 11971 DYER ST OWNER: DOLLAR GENERAL

2021 OVERAGE AMOUNT \$8,115.36

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.

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 whom ever will be receiving the refund.

Who should the refund be issued to: Name: Dollar General 40 Dolgen Corp of Texas INC Address: 100 Mission Ridge City, State, Zip: Goodlettsville, TN 37072 Daytime Phone No.: 615-855-5895 E-Mail Address: amathews@dollargeneral.com

Step 2. Provide payment information.

Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.

Table with 4 columns: Payment made by, Check No, Date Paid, Amount Paid. Rows include Dollar General payments for 7092943 and 7095894.

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):

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.)

TAX OFFICE RECEIVED AUG 07 2023 Received POP

SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Angela Matthews 7-26-23

TAX OFFICE USE ONLY: [X] Approved [] Denied By: N.N Date: 8-7-23



TAX OFFICE RECEIVED
AUG 04 2023

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

Credit card

JESSE BALLESTEROS
6424 CLOUDVIEW DR
EL PASO, TX 79912

OP +2500

Geo No. C811-999-0220-0700	Prop ID 247664
Legal Description of the Property 22 CORONADO CTRY CLB FTHILLS #5 LOT 4 (8800 SQ FT)	
6424 CLOUDVIEW DR	
OWNER: BALLESTEROS JESSE R	

2022 OVERAGE AMOUNT \$6,577.52

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>Jesse Ballesteros</i>			
	Address: <i>6424 Cloudview Dr.</i>			
	City, State, Zip: <i>El Paso, TEXAS 79912</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>915 412-8683</i>	E-Mail Address:	<i>Jesse.Ballesteros@cloud.com</i>
	Payment made by:	Check No.	Date Paid	Amount Paid
	<i>Credit Card</i>	<i>5394486</i>	<i>7/31/23</i>	<i>\$6577.52</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 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.		
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>Jesse</i>	<i>Jesse Ballesteros</i>	<i>8/2/2023</i>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>N.N.</i>	Date: <i>8-4-23</i>

credit card



TAX OFFICE RECEIVED
AUG 01 2023

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

Geo No. E940-999-0010-1300	Prop ID 315837
Legal Description of the Property 1 ESTANCIAS CORONADO LOT 13 (19515.68 SQ FT) 125 CAMINO BARRANCA 79912	
OWNER: MCG XII INVESTMENTS LLC	

MARK GRISSOM
154 N. FESTIVAL A
EL PASO, TX 79912

*OP
+2500*

2022 OVERAGE AMOUNT \$3,000.01 ✓

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:			
	Address: <i>154 N. Festival</i>			
	City, State, Zip: <i>EL PASO, TX 79912</i>			
Daytime Phone No.: <i>915 726 0636</i>		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
	<i>Credit card ✓</i>		<i>6/29/23</i>	<i>3000.01</i>
	TOTAL AMOUNT PAID (sum of the above amounts)			<i>3000.01</i>
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 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) <i>[Signature]</i>		PRINTED NAME & DATE <i>Mark Grissom 07/27/23</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>N.H.</i>	Date: <i>8-1-23</i> ✓



TAX OFFICE RECEIVED
AUG 10 2023

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

EP SHARP INVESTMENTS LLC
11333 ROJAS DR
EL PASO, TX 79936

OP
+2500 ✓

Geo No. M794-999-0520-6100	Prop ID 340767
Legal Description of the Property 52 MORNINGSIDE HEIGHTS 19 & 20 (6000 SQ FT) 3826 TYLER AVE	
OWNER: EP SHARP RESIDENTIAL LLC	

2022 OVERAGE AMOUNT \$3,172.93 ✓

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:

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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: EP SHARP INVESTMENTS LLC			
	Address: 11333 ROJAS DR. ✓			
	City, State, Zip: EL PASO, TX 79936			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (915) 590-9700 ext 248		E-Mail Address: antonio.martinez@ameriquest.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	EP Sharp Echeck		1/23/23	3172.93
	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 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.		
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	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 ANTONIO MONTIEL 08/11/23 ✓	

TAX OFFICE USE ONLY: Approved Denied By: N.N Date: 8-11-23 ✓