TAX REFUNDS August 2, 2022

••	taxes. (Geo. # \$373-999-002A-1100)	made an overpayment on December 20, 2021 of 2021
2.	Citiso Investments, LLC, in the amou 2021 taxes. (Geo. # S560-000-0004-0007)	nt of \$19,887.78 made an overpayment on June 29, 2022
		Maria O. Pasulas
	Laura D. Prine	Maria O. Pasillas, RTA
	City Clerk	Tax Assessor Collector

of

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

AGENDA DATE: August 2, 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? _X_YES ___NO

DEPARTMENT HEAD:

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



JUL 1 1 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

CORELOGIC PO BOX 9205 COPPELL, TX 75019-9214

S373-999-002A-1100

Prop ID 291221

Legal Description of the Property

2-A SIERRA DEL SOL REPLAT B SLY PT OF 11 30.58 FT ON ROW 111.48 FT ON N 98.19 FT ON E 139.11 FT ON S (7499 SQ FT)

760 ESPADA DR-A

OWNER: BECKER SEYMOUR & JOAN

2021 OVERAGE AMOUNT \$3,138.40

1: CITY OF EL PASO, 3: EL PAGO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

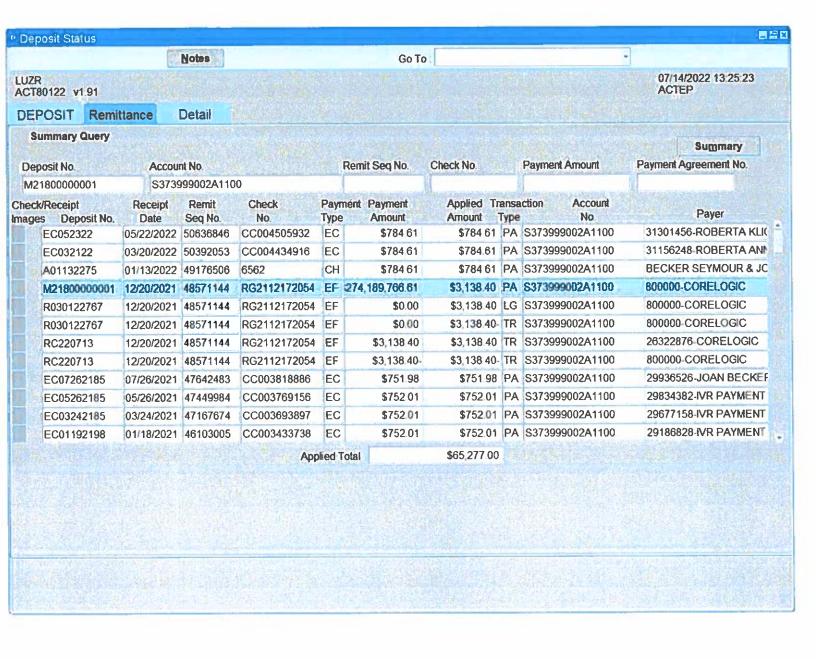
Dear Taxpayer:

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.

step i, identify the retains	Who should the refund be issued to:						
recipient. Show information for	Name: CORELOGIC			/			
whomever will be receiving	Address: Centralized Refu	ands P.O Box 9202					
he refund.	City, State, Zip: Coppell, TX 75019						
	Daytime Phone No.:	E-Mail Address: gramkrishnareddy@corelog					
	Payment made by:	Check No.	Date Paid	Amount Paid	11 10 17 10		
nformation. lease attach copy of cancelled heck, original receipt, online	corelogic	95191290 001 003	12/20/2021	\$3138.40			
ayment confirmation or	TOTAL	MOUNT PAID (sum of th	a ahaya amaunts) \$	3138.40			
tep 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) \$3138.40 Please check one of the following:						
his refund.	I paid this account in error and I am entitled to the refund. corelogic paid in error for this account						
lease list any accounts and/or ears that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
ith this overage	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.)						
Pres 7/14/22	SIGNATURE OF REQUESTOR (REQUIRED) CL:gramkrishnareddy		PRINTED NAME & DATE Girish 7/11/2022		V		
TAX OFFICE USE ONLY	Approved Denied	Ву: Р.Д	Date:	7-13-22	V		

Print Date: 07/08/2022

v52.1.8



THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

JUL 12 2022

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

			CATION FOR T				
The Cons	solidated Tax Office co	llects prope	erty taxes for all elig	ible propert	y taxing entities	within El P	aso County.
APPLICANT MUST PROV	/IDE THE FOLLOWING INI	ORMATION:					
Refund To:	Phone:		Property ID# (One application per account)				
	HOME: 9	HOME: 9158514035					
Citiso Investments, L	LC 🥖	WORK:			S56000000040007		
Address (mail refund to	•1	Property A	Property Address:				
Hooless litteli telatia to	Andler						
P.O. BOX 600		Legal Desc	crintian: 10149 Con	quistador S	ocorro, TX 799	27 Lot 7,	Block 4, Spanish Trail
Clint TX	79836	Legai Desc	лирион.				
Tax year requested:	Date payment made:	Chack No.	& Date, if known:	Amount of t	axes naid:	Amount of	refund_requested:
		EFT EFT	6/30/2022	21,828.03		19,887.78	
1. 2014 thru 2020	6/29/2022	EF1	6/30/2022	21,020.00		19,007.70	
2.		 	 				
3.	TOTAL AMOL	MT (eum of t	the above amounts)			 	
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judgement							
	owed was for 2021.						
"Incertify that infe	ormation given to ob	tain this re	fund is true and c	orrect."			
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Kin a rat					07	/08/2022 *	
- XALLUK	ZYN YW				Date: U/	100/2022	
Requéstor signat	ture:						
Sonia Rubio							
30illa Rubio					Bu	siness Adm	inistrator
						siness Adm	inistrator
Printed name:					Title:		
A	ny person knowingly subm	itting false en	tries is subject to: (1) In	nprisonment o	Title:	\$5,000 fine, or	both.
A	up to one year, or fine not a	ver \$2,000, o	r both. (Sec 37.10 Pena	l Code) An app	Title: f 2 to 10 years, or lication for a refu	\$5,000 fine, or ad must be ma	both.
A	up to one year, or fine not a the date of	iver \$2,000, o the payment o	r both. (Sec 37.10 Pena or the taxpayer waives	l Code) An app	Title: f 2 to 10 years, or lication for a refu	\$5,000 fine, or ad must be ma	both.
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