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

**AGENDA DATE:** 

**PUBLIC HEARING DATE: December 7, 2021** 

CONTACT PERSON(S) NAME AND PHONE NUMBER: Maria O. Pasillas, (915) 212-1737

**DISTRICT(S) AFFECTED: AII** 

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.

•Tax Refund to Corelogic Tax Services, in the amount of \$2,813.98 made an overpayment on June 21, 2021 of 2019 taxes (Geo. # R220–000–0260–3500).

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:**

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

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

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**DEPARTMENT HEAD:** 

Maria O Papillas

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

# TAX REFUNDS December 7, 2021

Laura D. Prine	Maria O. Pasillas, RTA
	Maria O. Pasillas
	3.
(Geo. # R220-000-0260-3500)	
2019 taxes.	t of \$2,813.98 made an overpayment on June 21, 20



TAX OFFICE RECEIVED

NOV 19 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

Geo No.

Prop ID

R220-000-0260-3500

679990

Legal Description of the Property

14264 DESIERTO BONITO ST 79928

BLK 26 RANCHO DESIERTO BELLO =9 LOT 35

1511 CENLAR 3001 HACKBERRY ROAD IRVING, TX 75063

APPLICATION FOR PROPERTY TAY REFLINDS

OWNER: LOYA ELVIA A

2019 OVERAGE AMOUNT \$2,813.98

6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 10: CLINT ISD. 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1, 31: TOWN OF HORIZON CITY

#### Dear Taxpayer:

4 . 3. 1

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 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued	to:		
	Name: CoreLogic Tax Se Address: PO Box 9205 City, State, Zip: Coppell	V/		
	Daytime Phone No. 877-44	TX 75019 V 2-2797	E-Mail Address:	
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid
Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Cenlar by CoreLogic	912739	6/10/21	3324.32
	CoreLogic fbo Cenlar	410790871	6/16/21	2332.06
	TOTAL	AMOUNT PAID (sum of t	he above amounts)	5656.38

#### 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,

X 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.)

SIGNATURE OF REQUESTOR (REQUIRED) Donna C Mercer

PRINTED NAME & DATE

Donna C Mercer 11/19/21

FAX OFFICE USE ONLY:

Denied

Print Date: 10/05/2021

		Notes			Go To				¥
UZR ACT80122 v1	90								11/24/2021 11:04:19 ACTEP
DEPOSIT	Remittance	Detail				N / //			
Summary C	Query								Summary
Deposit No.	Accou	ent No		D	emit Seq No.	Check No.		Payment Amount	Payment Agreement No.
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RC21112	2 06/21/2021	47542570	410790871	СН	\$2 332 06-	\$2,332,06-	TR	R22000002603500	25587247-1511 CENLAR
				Applied Total	as I	\$13.090.56			