

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

AGENDA DATE: January 19, 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: *Maia O. Pasillas*

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

TAX REFUNDS
January 19, 2022

1. Car-Paso Partners LP, in the amount of \$6,820.21 made an overpayment on December 14, 2021 of 2021 taxes.
(Geo. # T212-999-0020-0100)
2. 4Mat Family LP, in the amount of \$7,655.24 made an overpayment on December 1, 2021 of 2021 taxes.
(Geo. # B202-999-0790-2600)
3. Stryker Orthopaedics, in the amount of \$4,219.59 made an overpayment on January 31, 2020 of 2019 taxes.
(Geo. # 2001-999-4092-0034)
4. Amanda Kovach Poulin, in the amount of \$4,756.98 made an overpayment on November 22, 2021 of 2021 taxes.
(Geo. # G195-000-019F-1500)

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED

DEC 23 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. T212-999-0020-0100	Prop ID 197214
Legal Description of the Property 2 THE PLAZA AT LOMAS DEL SOL #1 I (EXC SLY PTS) (144462.38 SQ FT) 1500 E REDD RD 79911	
OWNER: CAR-PASO PARTNERS LP	

CAR-PASO PARTNERS LP
6500 MONTANA AVE
EL PASO, TX 79925-2129

Handwritten: 22500 ✓

2021 OVERAGE AMOUNT \$6,820.21

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD

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>Car-Paso Partners LP</i>			
	Address: <i>6500 Montana Ave</i>			
	City, State, Zip: <i>El Paso, TX 79925</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>915-342-5106</i>		E-Mail Address: <i>SWeber@mincoproventi-co</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<i>Car-Paso Partners LP</i>	<i>1312</i>	<i>12/14/21</i>	<i>38,300.10</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.	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) <i>Steven Weber</i>		PRINTED NAME & DATE <i>12/17/21</i> <i>Steven Weber, Controller</i>	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>NH</i> Date: <i>12-27-21</i>			

Notes

Go To :

LUZR
ACT80122 v1.90

01/04/2022 12:43:44
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A12142101	T21299900200100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12142101	12/14/2021	48466145	1312	CH	\$156,823.29	\$6,820.21	LG	T21299900200100	CAR-PASO PARTNERS L
	A12142101	12/14/2021	48466145	1312	CH	\$156,823.29	\$31,479.89	AA	T21299900200100	CAR-PASO PARTNERS L
	A12042065	12/04/2020	45116515	1279	CH	\$171,077.93	\$31,940.04	PA	T21299900200100	CAR-PASO PARTNERS L
	A12091981	12/09/2019	42165622	1259	CH	\$149,029.64	\$32,335.62	PA	T21299900200100	CAR-PASO PARTNERS L
	A12051886	12/05/2018	39140003	1239	CH	\$146,926.95	\$32,133.67	PA	T21299900200100	CAR-PASO PARTNERS L
	A12041765	12/04/2017	36152341	1220	CH	\$147,475.19	\$31,457.20	PA	T21299900200100	CAR-PASO PARTNERS L
*	X0110172005	01/10/2017	33924510	86685	CH	\$174,273.63	\$36,624.05	PA	T21299900200100	C & R DISTRIBUTING INC
*	X1209152000	12/09/2015	30224140	84960	CH	\$156,561.86	\$36,096.74	PA	T21299900200100	C & R DISTRIBUTING INC
*	X015152003	01/15/2015	27995225	83612	CH	\$149,967.03	\$35,677.38	PA	T21299900200100	C & R DISTRIBUTING INC
*	X0127142000	01/27/2014	25318702	81894	CH	\$151,200.94	\$34,606.01	PA	T21299900200100	C & R DISTRIBUTING INC
*	X0129132009	01/29/2013	22720157	80369	CH	\$117,750.52	\$25,857.30	PA	T21299900200100	C & R DISTRIBUTING INC
*	X0207122001	01/31/2012	20484548	78766	CH	\$386,502.87	\$25,428.93	PA	T21299900200100	C & R DISTRIBUTING INC

Applied Total \$464,139.13



TAX OFFICE RECEIVED

DEC 08 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

4MAT FAMILY LP
826 S. STANTON
EL PASO, TX 79901

OP
+2500
✓

Geo No. B202-999-0790-2600	Prop ID 322940
Legal Description of the Property 79 BASSETT 19 & 20 & E 1/2 OF 18 & W 1/2 OF 21 (9000 SQ FT) 2405 WYOMING AVE	
OWNER: 4MAT FAMILY LP	

2021 OVERAGE AMOUNT \$7,655.24 ✓

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:			
	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
	Echeck	3951565	12/1/21	7655.24
	Echeck	3951558	12/1/21	7655.24
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.			
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	
June 11/4/22		Elsa Mata ✓		

Rec'd P.O.P.
v52.1.7

TAX OFFICE RECEIVED
Approved Denied
DEC 21 2021

By: NH Date: 12-27-21

Print Date: 12/02/2021

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01/04/2022 12:30:39
ACTEP

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
EC120121	B20299907902600				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC120121	12/01/2021	48274362	CC003951565	EC	\$7,655.24	\$7,655.24	LG	B20299907902600	30202112-4MAT FAMILY L
	EC120121	12/01/2021	48274361	CC003951558	EC	\$7,655.24	\$7,655.24	PA	B20299907902600	30202111-4MAT FAMILY L
	RD3712650	03/17/2021	45146389	0000233201	CH	\$5,994.73	\$5,994.73	RD	B20299907902600	29633690-4MAT FAMILY L
	EC12072098	12/07/2020	45146389	CC003262901	EC	\$13,800.37	\$13,800.37	PA	B20299907902600	28864950-4MAT FAMILY L
	RC210312	12/07/2020	45146389	CC003262901	EC	\$5,994.73	\$5,994.73	TR	B20299907902600	29633690-4MAT FAMILY L
	RC210312	12/07/2020	45146389	CC003262901	EC	\$5,994.73	\$5,994.73	TR	B20299907902600	4MAT FAMILY LP
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$2,531.23	DA	B20299907902600	28864950-4MAT FAMILY L
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$0.00	DA	B20299907902600	28864950-4MAT FAMILY L
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$0.00	DA	B20299907902600	28864950-4MAT FAMILY L
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$268.53	DA	B20299907902600	4MAT FAMILY LP
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$268.53	DA	B20299907902600	28864950-4MAT FAMILY L
	RF210311	12/07/2020	45146389	CC003262901	EC	\$0.00	\$0.00	DA	B20299907902600	28864950-4MAT FAMILY L

Applied Total \$123,481.80

DEC 22 2021

THE CITY OF EL PASO
 CONSOLIDATED TAX OFFICE
 221 N. Kansas, Suite 300
 El Paso, Texas 79901

Phone (915) 212-0106. Fax (915) 212-0108

OP/

✓

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: STRYKER ORTHOPAEDICS RYAN TAX COMPLIANCE ✓		Phone: HOME: WORK: 763.445.4186	Property ID# (One application per account) 504444 2001-999-4092-0034		
Address (mail refund to): 150 South Fifth Street Suite 2500 Minneapolis, MN 55402 ✓		Property Address: And/or Legal Description: INV MACH SIGN VEH.			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:	
1. 2021	2/13/2020			4,219.59 ✓	
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				4,219.59	

(City Council approval required if over \$2,500)

*REQUIRED: Copy of original receipt, front & back of negotiated check, OR
 Bank statement showing item cleared (with the bank & taxpayer must appear)*

REASON FOR OVERPAYMENT: Unknown

"I certify that information given to obtain this refund is true and correct."

Requestor signature: [Signature] Date: 12/16/21 ✓

Printed name: Mike Cincotta Title: Director, Asset Recovery

Any person who knowingly submits false information is subject to (1) imprisonment for 1 to 10 years, or (2) a fine of up to \$50,000, or both.

TAX OFFICE Entry: (4) REFUND APPROVED

Tax Office Approval: [Signature] Date: 12-30-21 ✓

1/4/2022 Date: _____

(Placed on City Council Agenda over \$2,500)

() DISAPPROVED () Returned to sender () See below/attached

() Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.

() Record of overpayment not found on this property.

() Property not found as identified, resubmit after correction.

() Other: _____

Notes

Go To :

LUZR
ACT80122 v1.90

01/04/2022 11:46:33
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
B02132094	200199940920034				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A01152179	01/15/2021	45992061	00001358	CH	\$152,021.05	\$101,971.72	PA	200199940920034	28821015-RYAN TAX COM
	R80093020MP	09/30/2020	29286371	1161789	CH	\$3,770.32	\$3,770.32	TR	200199940920034	STRYKER ORTHOPEAEC
	R80092920MP	09/29/2020	29286371	1161789	CH	\$0.00	\$3,770.32	TR	200199940920034	23240781-STRYKER
	R80092920MP	09/29/2020	29286371	1161789	CH	\$0.00	\$0.00	TR	200199940920034	STRYKER ORTHOPEAEC
	R80092920MP	09/29/2020	29286371	1161789	CH	\$0.00	\$3,770.32	TR	200199940920034	STRYKER ORTHOPEAEC
	B02132094	01/31/2020	43725496	1057	CH	\$156,296.33	\$4,219.59	LG	200199940920034	24273661-RYAN TAX COM
	B02132094	01/31/2020	43725496	1057	CH	\$156,296.33	\$102,810.66	PA	200199940920034	24273661-RYAN TAX COM
	RC211230	01/31/2020	43725496	1057	CH	\$4,219.59	\$4,219.59	TR	200199940920034	30399150-STRYKER ORTI
	RC211230	01/31/2020	43725496	1057	CH	\$4,219.59	\$4,219.59	TR	200199940920034	24273661-RYAN TAX COM
	A01281975	01/28/2019	40199714	00000769	CH	\$153,009.80	\$105,488.36	PA	200199940920034	24273661-RYAN TAX COM
	B02021875	01/31/2018	37587668	00000535	CH	\$115,549.71	\$99,426.04	PA	200199940920034	24273661-RYAN TAX COM
	X0203172007	01/31/2017	34843376	00303	CH	\$92,404.80	\$83,120.02	PA	200199940920034	STRYKER ORTHOPEAEC
Applied Total							\$830,634.84			

TAX OFFICE RECEIVED

JAN 04 2022

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

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

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: Amanda Kovach Poulin		Phone: HOME 832-928-6174 WORK .		Property ID# (One application per account) 682995	
Address (mail refund to :) 3712 Hartline Hills Way, Celina, TX 75009		Property Address: And/or Legal Description: 12429 Triple Crown Ave., El Paso, TX 79928			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2021	11/23/21	511	11/14/21	\$4,756.98	\$4,756.98
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				\$4,756.98	\$4,756.98

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: I sold my house in El Paso in October 2021 and paid my share of property taxes to the new homeowner at closing. I received the 2021 property tax bill in the mail at my new residence and mistakenly paid the 2021 property taxes (when the new homeowner should have paid them). I am writing to request a refund for the 2021 property taxes that I paid in error.

"I certify that information given to obtain this refund is true and correct."

[Handwritten signature]

Date: 01/04/22

Requestor signature:

Amada Kovach

Prior Homeowner

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both. (2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry: (X) REFUND APPROVED

Tax Office Approval: Maria O. Pasillas

Date: 1/5/2022

[Handwritten initials]

Date: 1/7/22

(Placed on City Council Agenda over \$2,500)

- () DISAPPROVED () Returned to sender () See below/attached
- () Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
- () Record of overpayment not found on this property.
- () Property not found as identified, resubmit after correction.
- () Other:

Notes

Go To :

LUZR
ACT80122 v1.90

01/07/2022 13:46:50
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
T11222100007	G195000019F1500				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	R030122367	11/22/2021	48177788	00511	CH	\$0.00	\$4,756.98	TR	G195000019F1500	KOVACH AMANDA S
	R030122367	11/22/2021	48177788	00511	CH	\$0.00	\$4,756.98	TR	G195000019F1500	KOVACH AMANDA S
*	T11222100007	11/22/2021	48177788	00611	CH	\$4,756.98	\$4,756.98	PA	G195000019F1500	KOVACH AMANDA S
*	T11052000006	11/02/2020	44787171	00507	CH	\$4,485.50	\$4,485.50	PA	G195000019F1500	KOVACH AMANDA S
	A12231981	12/23/2019	42389044	009367	CH	\$467.79	\$467.79	PA	G195000019F1500	25664744-SIERRA TITLE C

Applied Total	\$9,710.27
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