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

AGENDA DATE: February 1, 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

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 February 1, 2022

1.	Lereta Tax Service, in the amount of \$5,657.40 made an overpayment on December 20, 2021 of
	2021 taxes.

(Geo. # C815-999-0010-3900)

2. Kunz Family LLC, in the amount of \$16,530.39 made an overpayment on November 30, 2021 of 2021 taxes.

(Geo. # M498-999-0020-0500)

3. Kunz Family LLC, in the amount of \$92,467.45 made an overpayment on November 30, 2021 of 2021 taxes.

(Geo. # M498-999-0020-0520)

4. Dipak T Patel, in the amount of \$19,902.39 made an overpayment on December 31, 2021 of 2021 taxes.

(Geo. # T254-999-0010-1200)

5. Bo San Inc, in the amount of \$4,087.85 made an overpayment on January 06, 2022 of 2021 taxes.

(Geo. # V897-999-0960-4000)

Maria O. Pasillas

Laura D. Prine City Clerk Maria O. Pasillas, RTA Tax Assessor Collector



### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

TAX CRECEIVED

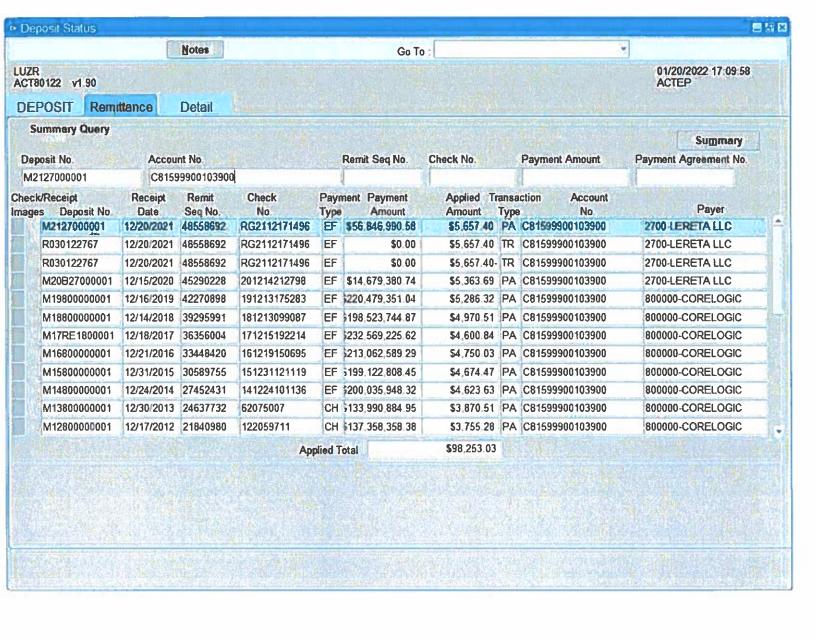
JAN 05 2022

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 Con	solidated Tax Office co	llects prope	erty taxes for all eli	gible proper	ty taxing entit	ties within El F	Paso County.	
APPLICANT MUST PRO	VIDE THE FOLLOWING IN	FORMATION:						
Refund To:	Phone:			Property ID# (One application per account)				
		номе:					·	
Lereta Tax Service	1/	WORK:			C815-999-	0010-3900		
	V	1 10 N. 8	00-537-3821 x137	′2				
Address (mail refund to	× 1	Dranadu A	delegan	<u></u>				
Address (mail refund to	)) /	Property A						
001 Corporate Cont	or Dr. Domena CA	And/or	cription: 689 BLUF	F CANYON	CIR EL PAS	O TX		
901 Corporate Cent	er Dr. Pomona CA	Legal Desc	гириоп:					
T	16.4.	101 111	6.0 1 21	14 . 23				
Tax year requested:	Date payment made:		& Date, if known:	Amount of t	axes paid:	Amount of	refund requested.	
1. 2021	12/09/2021	515485	12/09/2021	\$5657.40		\$5657.40	V	
2.			<u> </u>					
3.		1						
	TOTAL AMOU	NT (sum of t	he above amounts)	5657.40		5657.40	<u></u>	
			1200000				d if over \$2,500)	
			riginal receipt, from				<b>通知的</b> 原则可以	
		howing ite	m cleared (both th	e bank & ta.	xpayer name	rmust appear		
REASON FOR OV	ERPAYMENT:	Payment	was sent incorrect	ly and shou	ld not have t	oeen disburse	d from escrow account	
and Lender is re-	questing the payment b						The state of the s	
		,						
"I certify that inf	ormation given to obt	ain this ret	fund is true and o	orrect "				
l voorany triat min	ormation given to obt	airi (ing i ci	and is true and c	Off GGL.				
۸ -							V	
1 42					Date:	01/05/2022		
Requestor signat	ure:							
AngieGonzalez					٦	Tax Processo	r	
Printed name:					Title:			
	ny person knowingly submit	tina false enti	ries is subject to: (1) Im	nrisonment of		or \$5,000 fine or	hoth States	
(2) Imprisonment (	up to one year, or fine nat a	ver \$2,000, or	both. (Sec 37.10 Penal	Code) An app	lication for a rel	fund must be ma	de within 3 vears after	
	the date of th	he payment of	the taxpayer waives t	he righto the r	efund (Sec 31.1	1 (c)).		
TAX OFFICE Entry:	(./\ pccu	ND APPRO	/FD					
TAX OFFICE EITHY.	] (V) KEFO	IND APPRO	VED				V	
T 055: 4 1	Nava O. Pas	1100				_	Julya	
Tax Office Approval:	<u> </u>	ww ,				Date:	1/10/02	
	INV.	اندر	12/12					
(2) ( 2) 5	7 100-		1322			Date:		
	ncil Agenda over \$2,50	<del></del>						
( ) DISAPPROVE	Retui	rned to sen	der ( )S	see below/a	ttached			
( ) 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:								
, ,								
						<del></del>		



RECEIVED

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

JAN 2 1 2022

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. M498-999-0020-0500

**Prop ID** 244968

Legal Description of the Property

2 MIRAMONTE INDUSTRIAL PARK #2 I (EXC ELY & SWLY PTS) (11.7775 AC)

**LUCKETT CT 79932** 

LUCKETT CT /9932

+2504

OWNER: KUNZ FAMILY LLC

2021 OVERAGE AMOUNT \$16,530.39

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:

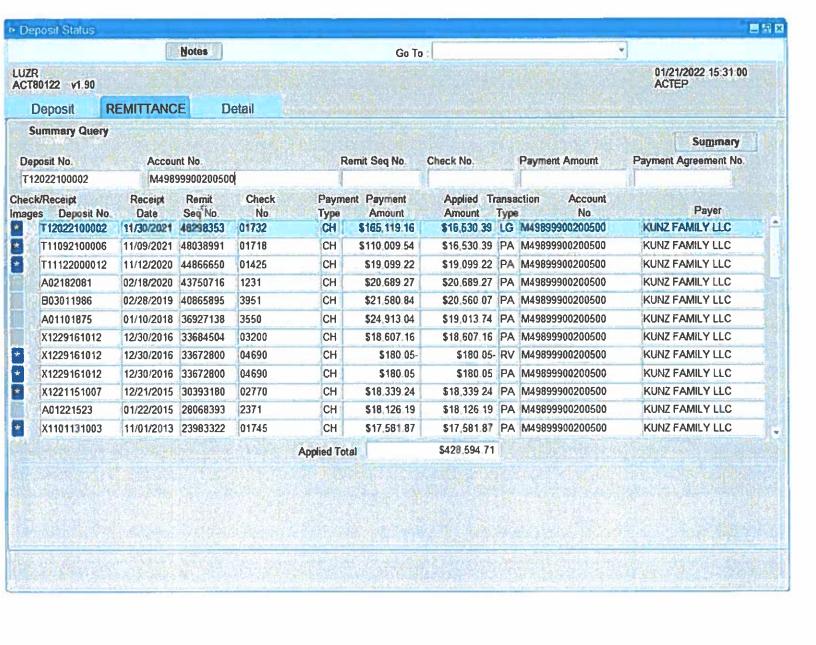
KUNZ FAMILY LLC

26909 WOODWARD AVE

**HUNTINGTON WOODS, MI 48070-1365** 

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	Who should the re	efund be issued to	y:		porting documentation to be valid.		
recipient. Show information for whomever will be receiving the refund.	Name: Kun	z Family					
	City, State, Zip:  Daytime Phone N	Huntingfo	on woods m		RKUNZE GLOBALENT		
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.	Kuaz Famil	ي ددد	01732	11130/21	\$165,115.14		
	TOTAL AMOUNT PAID (sum of the above amounts)  Please check one of the following:						
Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay with this overage.	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):						
11	I his payme	ent should have b	een applied to other tax	account(s) and/or year	(s), escrow (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	nave given on this	form is true and	or the refund of the abov correct. ( If you make a r a state jail felony unde	false statement on this	certify that the information I application, you could be found b, Sec. 37.10.)		
fue hape	SIGNATURE OF REQUESTOR (REQUIRED)			PRINTED NAME &	DATE		
	Relit	9. by	>	Robert J. Y	Lunz 12/13/2021		
	_/	,			<b>/</b>		
TAX OFFICE USE ONLY:	Approved	Denied	By: N. H	Date:	1-21-12		



RECEIVED

JAN 2 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 www.elpasotexas.gov/tax-office

KUNZ FAMILY LLC 2300 RED RUN CT APT A ROYAL OAK, MI 48073-3608 +2500

 Geo No.
 Prop ID

 M498-999-0020-0520
 375162

Legal Description of the Property

2 MIRAMONTE INDUSTRIAL PARK #2 SWLY PT OF 1 (660.35' ON N- 569.19' ON E -572.58' ON S- 444.15' ON W) (10.00 AC)

6055 LUCKETT CT

OWNER: KUNZ FAMILY LLC

2021 OVERAGE AMOUNT \$92,467.45

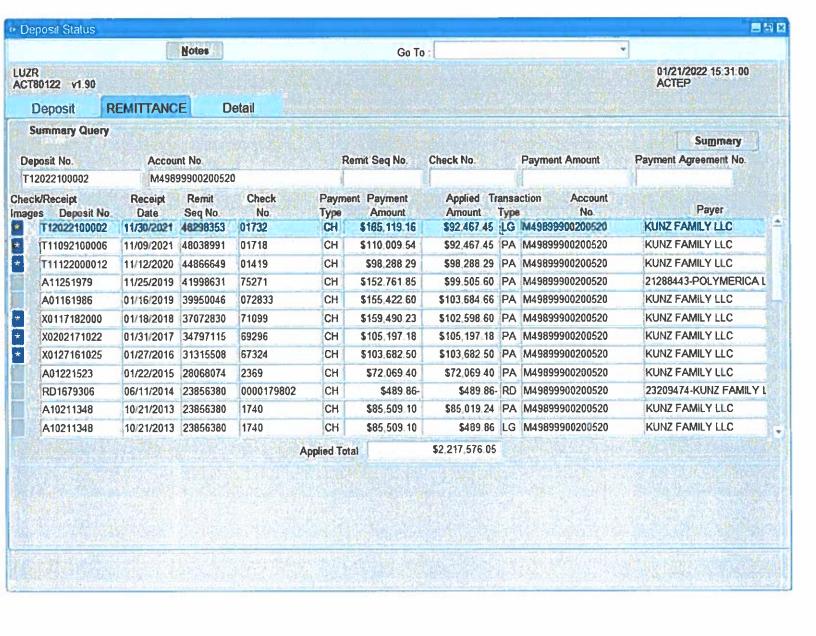
1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD

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 PROPERT	Y TAX REFUND:	This application	must be completed, signed,	and submitted with supp	orting documentation to be va	alid.	
Step 1. Identify the refund	Who should the ref	fund be issued to:					
recipient. Show information for whomever will be receiving the refund.		z Family	LLC word Ave.	Use 2			
	City, State, Zip:			NI 480-	0		
	Daytime Phone No	248-5	45-5000		RKUNZE Global,	ent. o	
Step 2. Provide payment	Payment made by:	2917.00	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	Kunz Family	LLC	01732	11130121	\$ 165,119.1	ط	
bank/credit card statement.		TOTAL A	MOUNT PAID (sum of	f the above amounts)			
Step 3. Provide reason for	Please check one o	of the following:					
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.						
	This payme	ent should have b	een applied to other tax	account(s) and/or year	r(s), escrow (listed below):		
				- (5)6			
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this	form is true and	or the refund of the abov correct. ( If you make a r a state jail felony unde	false statement on thi	certify that the information s application, you could be e, Sec. 37.10.)	n I e found	
Suc bibo	SIGNATURE OF	Q. L	REQUIRED)	PRINTED NAME &		2021	
Y \ .	/	'			_	V	
TAX OFFICE USE ONLY:	Approved	Denied	By: N	Date:	1.31.22	22-63	

Print Date: 12/03/2021





JAN 1 4 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 www.elpasotexas.gov/tax-office

Geo No. Prop ID T254-999-0010-1200 194717

Legal Description of the Property

1 THUNDERBIRD CREST LOT 12 (17186.63 SQ

509 THUNDER CREST LN

09 +250T

OWNER: PATEL DIPAK T & RINA D

2021 OVERAGE AMOUNT \$19,902.39

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:

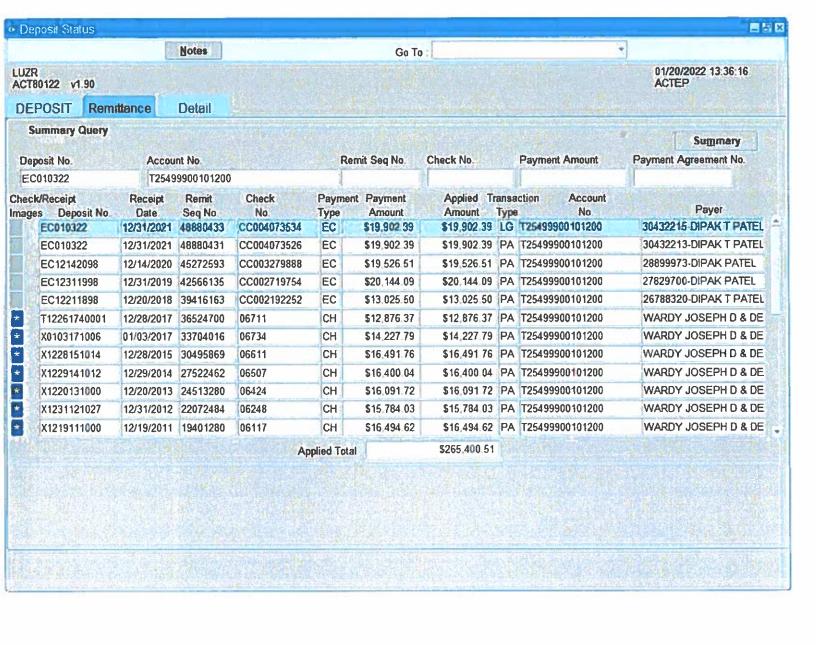
DIPAK T PATEL

**509 THUNDER CREST LN** EL PASO, TX 79912

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 PROPER	ΓΥ TAX REFUND:   T	his application must be	completed, signed, a	nd submitted with supp	orting documentation to l	oe valid.	
Step 1. Identify the refund	Who should the refund	I be issued to:		HEROOM SEE 1888			
recipient. Show information for	Name:	DEK T +	atel	70	1		
whomever will be receiving	Address:	509 Thun	dur Crost	E LAV			
the refund.	City, State, Zip:	FI Paso	,TX	79912 \			
	Daytime Phone No.:	915-245-1		-	drshamene 4	a hoo. con	
Step 2. Provide payment information.	Payment made by:	d vijitem	Check No.	Date Paid	Amount Paid		
Please attach copy of cancelled	Echeck	40	73534	12/3/12/	19,902.3	9	
check, original receipt, online				1-11-1			
payment confirmation or bank credit card statement.		TOTAL AMOUN	l' PAID (sum of t	ne above amounts)	1		
Step 3. Provide reason for	Please check one of the			A STATE OF THE STA	100 S. (80)		
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with 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):						
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 for guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
Inic	SIGNATURE OF REC	QUESTOR (REQUIR	ED) F	PRINTED NAME &			
() 1/20/a2				50		V	
TAX OFFICE USE ONLY:	Approved	Denied By:	H.N	Date:	1-30-55		

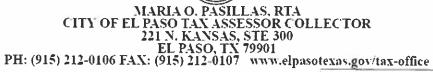
Print Date: 01/05/2022



Prop ID







V897-999-0960-4000 217260 Legal Description of the Property 96 VISTA HILLS #30 LOT 40 (6261.51 SQ 12093 AUTUMN GATE DR

OWNER BO SAN A INC

2021 OVERAGE AMOUNT \$4,087.85

1: CITY OF EL PASO, 6. COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

Dear Taxpayer:

BO SAN INC

P.O. BOX 1266

LOS ALAMOS, NM 87544

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 PROPER	TAX REFUND: This applica	ition must be completed, signed, a	ind submitted with suppor	ting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issue	ed to:		UE TO HER			
recipient. Show information for	Name: Be San 1	nc.	./				
whomever will be receiving	Address: P.M. Bux	1266	V				
the refund.	City, State, Zip: LIS A	laines, NM 87	544				
	Daytime Phone No.: 9/5 -	276-3617		NSIN [ninny 35 A HiTmi	n:11.5		
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid	.477 (6)		
Please attach copy of cancelled check, original receipt, online	Echeck	4106812	1/6/22	4087.85			
payment confirmation or bank credit card statement.							
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:						
this refund.	I paid this account in error and I am entitled to the refund.						
Please list any accounts and or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with 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.)						
Pluc Maila	SIGNATURE OF REQUESTO	(REQUIRED)	PRINTED NAME & D	MAN 1/20/22			
		2.1	011004 [1]	V			
TAX OFFICE USE ONLY.	Approved Denie	ed By: NH.	Date:	-21-22			

