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

AGENDA DATE: February 15, 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

**DEPARTMENT HEAD:** 

Maria O Papillas

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

## TAX REFUNDS February 15, 2022

1.	Global Tel Link, in the amount of \$9,682.79 made an overpayment on December 28, 2021 of	١c
	2021 taxes.	

(Geo. # 1240-999-1213-7234)

2. Anita Sotelo, in the amount of \$2,804.47 made an overpayment on January 12, 2022 of 2021 taxes

(Geo. # C741-999-0290-6700)

3. Luis Tavera, in the amount of \$2,718.69 made an overpayment on January 19, 2022 of 2021 taxes.

(Geo. # E222-999-1530-2600)

4. Deborah Peterson, in the amount of \$5,073.44 made an overpayment on January 30, 2022 of 2021 taxes.

(Geo. # P358-999-0020-6500)

5. Gina Marie Ruiz, in the amount of \$3,736.28 made an overpayment on December 23, 2021 of 2021 taxes.

(Geo. # S816-999-0120-6700)

6. Poe Toyota, in the amount of \$12,636.14 made an overpayment on January 11, 2022 of 2021 taxes.

(Geo. # X266-999-S00A-1300)

7. Corelogic, in the amount of \$3,866.36 made an overpayment on December 20, 2021 of 2021 taxes.

(Geo. # V893-999-5490-3500)

Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk



# 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

TAX OF JUE RECEIVE

JAN 24 2022

GLOBAL TEL LINK CORP 3120 FAIRVIEW PARK DR STE 300 **FALLS CHURCH, VA 22042-4571** 

Geo No. 1240-999-1213-7234 Prop ID 632136

Legal Description of the Property

LEASED MACH IN TDC 34 @ 601 OVERLAND

MISC FILE NO. 34 AVE

OWNER: GLOBAL TEL LINK CORP

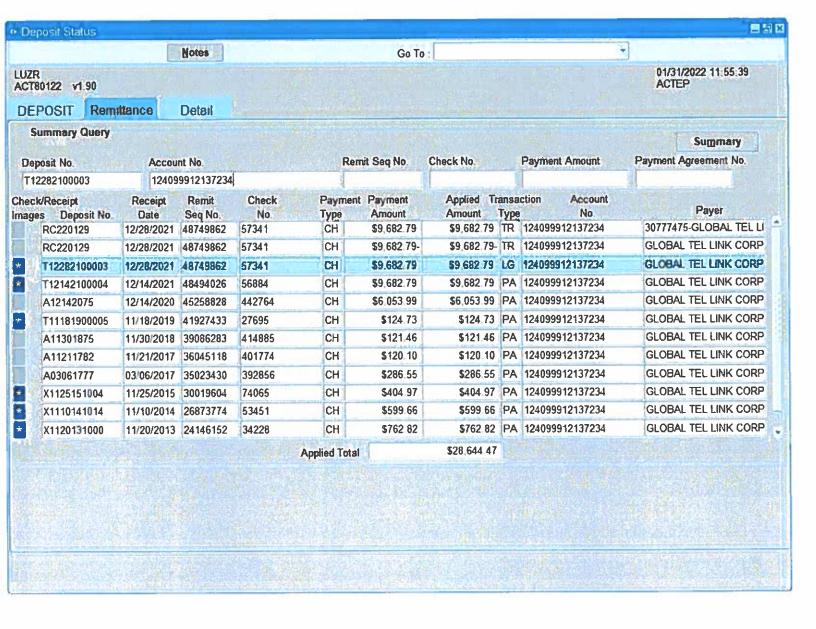
2021 OVERAGE AMOUNT \$9,682.79

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 PROPER	TY TAX REFUND: This application	n must be completed, signed, ar	id submitted with suppo	orting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to	01				
Show information for	Name: Global Tel	Link		/		
whomever will be receiving	Address: 900 West	ern America	Cir Ste.	300		
the refund.	City, State, Zip: Mobile					
		38-8875	E-Mail Address:	igates@gtl.ne		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled		57341	12 28 21	#968279		
check, original receipt, online				II TOUGHT		
payment confirmation or bank/credit card statement.	TOTAL	MOUNT PAID (sum of the	he shave amounts)	9682,79		
Step 3. Provide reason for	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	X 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.	By signing below, I hereby apply t					
Unsigned applications cannot be processed.	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.)					
oe processed.	A STATE OF THE STA					
AMP Halla	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE					
X / WC 1 101/22	+ Julie XX		Julie 600	tes 1/18/22		
				V		
TAX OFFICE USE ONLY:	Approved Denied	By: Nit	Date:	1-29-22		



PECEIVED
JAN 25 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. C741-999-0290-6700 Prop ID 321151

Legal Description of the Property 29 COLONIA VERDE LOT 34

5409 PRINCE EDWARD AVE

SOTELO ANITA 8911 MERCURY ST EL PASO, TX 79904



OWNER: SOTELO ANITA

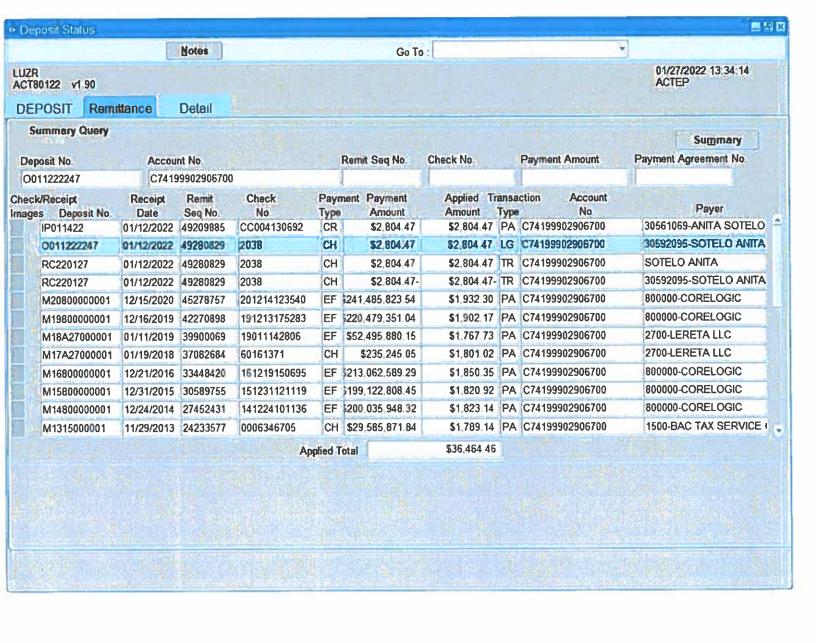
2021 OVERAGE AMOUNT \$2,804.47

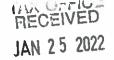
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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APPLICATION FOR PROPER	TY TAX REFUND: This application	on must be completed, signed, at	nd submitted with supp	orting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued					
recipient. Show information for	Name: Anita S	oteb				
whomever will be receiving	Address: 8911 Me	ercury St.				
the refund.	City State Zim	O, Texus "	19904 /			
	Daytime Phone No.: 915-5		E-Mail Address:	Soteloa & hotmail		
Step 2. Provide payment	Payment made by	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online payment confirmation or		2038	1112122	\$ 2504.57		
bank/credit card statement.	TOTAL	AMOUNT PAID (sum of th	ne above amounts)			
Step 3. Provide reason for	Please check one 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 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 have given on this form is true and guilty of a Class A misdemeanor	d correct. ( If you make a fal	se statement on this	application, you could be found		
fue ilango	signature of requestor	(REQUIRED) P	RINTED NAME & Anita Soteli	DATE 0/20/20/2		
TAX OFFICE USE ONLY:	Approved Denied	Ву:	Date:	1-27.22		





## 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

LUIS TAVERA 9808 FUCHSIA CT EL PASO, TX 79925



Geo No. Prop ID E222-999-1530-2600 187620 Legal Description of the Property 153 EASTWOOD HEIGHTS #A LOT 6 (9266.25 SQ FT) 9808 FUCHSIA CT 79925

OWNER: TACERA LUIS (LE ) & TAVERA MARIA & 1

2021 OVERAGE AMOUNT \$2,718.69

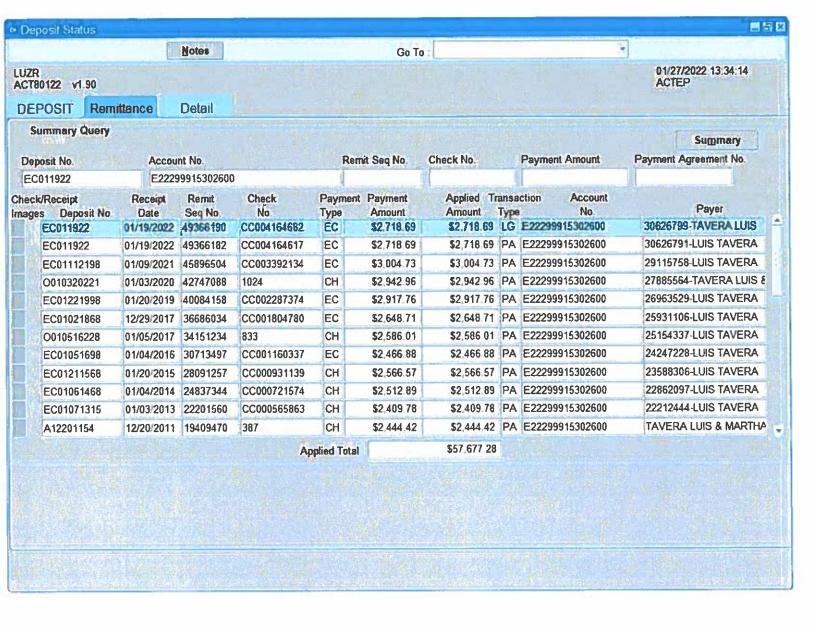
1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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APPLICATION FOR PROPER	TY TAX REFUND: This applicat	ion must be completed, signed, ar	nd submitted with suppo	orting documentation to be valid.
Step 1. Identify the refund	Who should the refund be issued	l to:		
recipient. Show information for	Name: LILLS Tax	iera_	<u> </u>	
whomever will be receiving		uchsia ct		/
the refund.		150, Texas	799	251
	Daytime Phone No.:	- JO J EXW	E-Mail Address:	
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid
information.  Please attach copy of cancelled check, original receipt, online	Echeck \$	+ 4164682	1 /19/22	2718.69
payment confirmation or bank/credit card statement.	TOTAL	AMOUNT PAID (sum of the	ho abovo omounts)	
Step 3. Provide reason for	Please check one of the following		ne above amounts)	
this refund.	I paid this account in erro	or and I am entitled to the refu	nd.	
Please list any accounts and or years that you intended to pay		lease refund the excess to the	700 700 900	01.
with this overage.	I want this payment appli			
	This payment should have	e been applied to other tax ac	count(s) and/or year(s	s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply have given on this form is true at guilty of a Class A misdemeanor	nd correct. ( If you make a fa r or a state jail felony under th	lse statement on this	application, you could be found
Pue 1/27/22	SIGNATURE OF REQUESTOR	R (REQUIRED)	RINTED NAME & 1	DATE 1/22/2022
TAX OFFICE USE ONLY:	Approved Denied	ву: Д,Н	Date:	1-27.22

¥52.1.7 Print Date: 01/20/2022







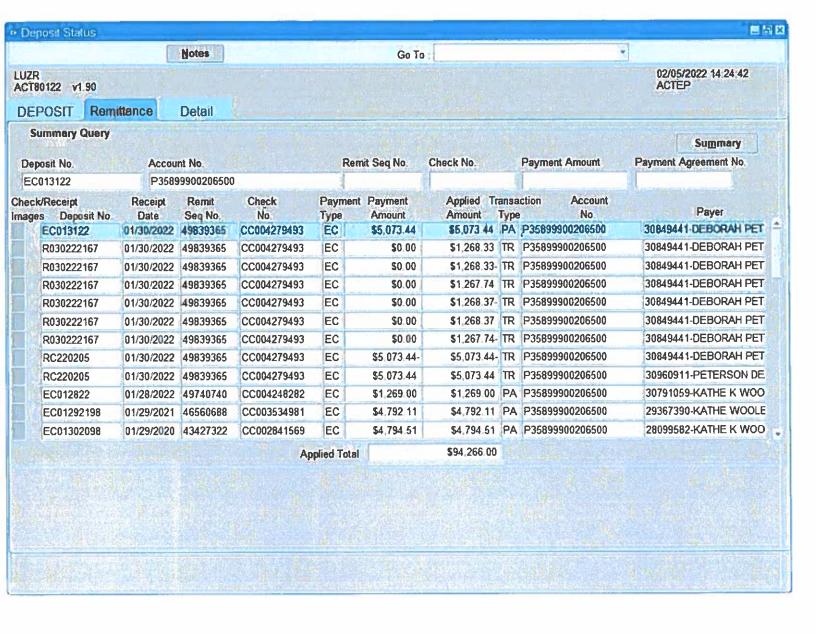


### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

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									
	solidated Tax Office col		rty taxes for all elig	ible propert	y taxing en	tities v	within El F	aso Co	ounty.
	VIDE THE FOLLOWING INF								
Refund To:		Phone:			Property ID	# (One	application	per accou	nt)
[]	HOME: 9155651194								
Deborah Peterson		WORK:			89429				
				P358	3-9	199-	002	0-6500	
Address (mail refund to	1:1	Property Ad	operty Address:						
,	·	And/or							
3111 copper ave el	paso tx 79930	Legal Desc	ription: 3128 stone	eage ra ei	paso tx 79	904			
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of t	axes paid:		Amount of	refund	requested:
1. 2021	1 30 2021		1 30 2021	5073.44			5073.44	V	
2.									
3.									
	TOTAL AMOU	VT (sum of the	ne above amounts)	5073.44			5073.44		
NE DANS CONSTRUCTOR	CONTRACTOR OF THE STATE OF	76.5	·	- (	City Council	appro	val require	d if over	\$2,500)
	REOUIRED:	Copy of or	iginal receipt, fron	: & back of	negotiatea	checi	OR		
	bank statement s	howing iter	a cleared (both th	e bank & ta	payer nan	se mu	зт арреш	,	
REASON FOR OV	ERPAYMENT:	property 8	9429 owner kathe	woolerv w	as scheduk	ed for	quarterly	pavme	nts and first
payment has clea	ared 1-28 2021   accid								
	deborah peterson pai								
	full over payment of 89			-	hru debora	h pet	erson che	cking a	ccount in error
	t fed credit union id 77							- 3	
	ormation given to obta				<u> </u>				
T Certify triat trint	ormanon given to obt	101131011	una is true and c	orrect.					
	11 11	) [	A-						
deborah peterso	n Allendal	UN	mm		Date:	feb 1	1 2022		
Requestor signat	ure:						-		
deborah peterso	n								
Printed name:					Title:				
ATTENDED TO THE PARTY.	ny person kon vergely submit	ting jake eatr	rech subject to (1) In	pasonment o	2 to 10 years	FOI 55	,000 piers, or	both	15 J 35 B 18
	op to one year, or fine not as								n 3 years after
	the date of th	e parment or	the taspover worses t	ne rigisto ti e	rejund (Sec 3)	1.11 lcj			
TAX OFFICE Entry:	( REFU	ND APPROV	VED.						
	d .								V
Tax Office Approval:	(1)	H.					Date:	$\supset$	-5-22
rax office Approun	110 011					-	Dute.		2010
1	uco. 2151	22					Date:		
(Placed on City Cou	ncil Agenda over \$2,50	01			10-10-10-1	-	Dute.		•
( ) DISAPPROVE		ned to sen	dor ( ) (	see below/a	ttached				
	• •					not cr	hmittad		
N .	documentation (Tax re			Jacement,	or other) r	101.20	omitted.		
	f overpayment not four	_	10.0						
	not found as identified	, resubilit	arter correction.						
( ) Other:									
					-				



936-0570831784



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

RECEIVED

JAN 2 4 2022

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

WELLS FARGO HOME MORTGAGE 1 HOME CAMPUS MAC X2302-04D DES MOINES , IA 50328



Geo No. Prop 1D 153032

Legal Description of the Property
12 SUN VALLEY #2 LOT 34

10300 SHERWOOD DR

OWNER: RUIZ GINA M

2021 OVERAGE AMOUNT \$3,736.28

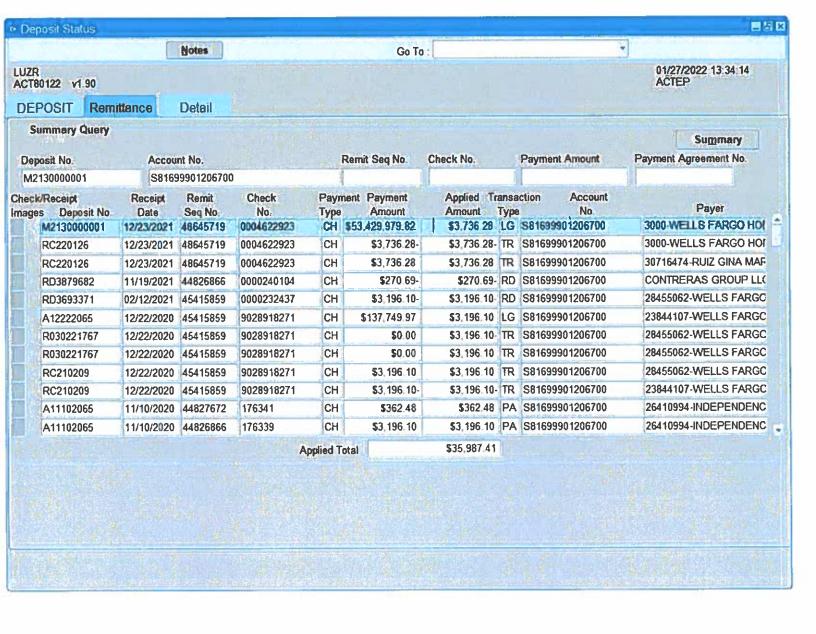
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

#### Dear Taxpayer:

ADDITIONATION FOR RECOGNITION OF STANCE OF STA

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. 31.11e). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund	Who should the refund be issued	10:					
recipient. Show information for	Name: GINA MARIE RUIZ		The state of the s				
whomever will be receiving	Address: 10300 SHERWOOD C	OR /					
the refund.	City, State, Zip: EL PASO TX 7	9924					
	Daytime Phone No.: 210-812-41	55	E-Mail Address:	barbara.kincald@wellsfargo.com			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information.  Please attach copy of cancelled check, original receipt, online	Wells Fargo Home Mortgage	9031917593	12/14/2022	\$3736.28			
payment confirmation or bank credit card statement.	TOTAL	AMOUNT PAID (sum of	the above amounts)	\$3736.28			
Step 3. Provide reason for	Please check one 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	X 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 have given on this form is true an guilty of a Class A misdemeanor	d correct. (If you make a t	false statement on this	s application, you could be found			
fuc ilanlas	SIGNATURE OF REQUESTOR  Barbara King		PRINTED NAME & Barbara Kincaid, on I				
				<b>√</b>			
TAX OFFICE USE ONLY	Approved Denied	By:	Date:	1-2722			





# MARIA O. PĀSILLAS, 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

19616

Legal Description of the Property

X266-999-S00A-1300

S A & M G RR SURV 266 ABST 8716 TR3-B (5.244S AC) & TR4 (4.6854 AC) OF WH LENOX SUR 432 & 8 TO 11 OF 1 EL PASO WEST #2 RPLA (16.531 AC)

6150 N DESERT BLVD

OWNER: DICK POE FAMILY LTD PARTNERSHIP

1250C

2021 OVERAGE AMOUNT \$12,636.14

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

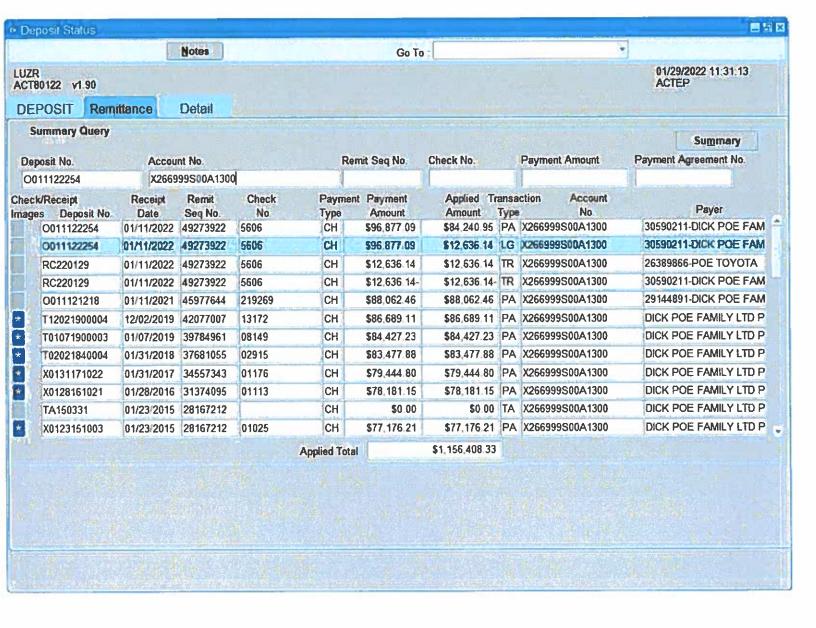
#### Dear Taxpayer:

DICK POE FAMILY LTD PARTNERSHI

6501 MONTANA AVE EL PASO, TX 79925

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 refund be issue					
recipient. Show information for	Name: Poe Toyo	<del>1</del> 9				
whomever will be receiving	Address: 6330 m	lontana Av	e			
he refund.	City, State, Zip: 21 Pox	0. Tx 79	925			
	Daytime Phone No.: 9157	5 9024		ess: paloma & poetoyota. Co		
Step 2. Provide payment	Payment made by:	: Check No	. Date Paid	Amount Paid		
information. Please attach copy of cancelled heck, original receipt, online		5604	11112	\$96.877.09		
rayment confirmation or rank/credit card statement.	тоты	. AMOUNT PÁID (sum	of the above amoun	ats) • 96.877 09		
tep 3. Provide reason for	Please check one of the following:					
h <mark>is refund.</mark> Hease list any accounts and/or	I paid this account in error and I am entitled to the refund.					
ears that you intended to pay	✓ I overpaid this account. Please refund the excess to the address listed in Step 1.					
vith this overage.	I want this payment applied to next year's taxes.					
	This payment should have	ve been applied to other ta	x account(s) and/or y	year(s), escrow (listed below):		
	<u></u>	<u> </u>				
Step 4. Sign the form. Unsigned applications cannot be processed.		and correct. ( If you make	a false statement on	and certify that the information I this application, you could be found Code, Sec. 37.10.)		
Ano.	SIGNATURE OF REQUESTO		PRINTED NAM			
THE STATE OF THE S	1-1		Poloma	Guardiak 1-24-22		



FEB 0 7 2022

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

CORELOGIC PO BOX 9205 COPPELL, TX 75019-9214

Geo No. Prop ID V893-999-5490-3500 44821 Legal Description of the Property 549 VISTA DEL SOL #149 LOT 35 (6994.44 SQ FT) 1428 CHATO VILLA DR

OWNER: SALCIDO SILVIA M

2021 OVERAGE AMOUNT \$3,866.36

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

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APPLICATION FOR PROPER	TY TAX REFUND: This	application must be complete	ed, signed, and subn	itted with supp	orting documentation to	be valid.	
Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for	Name: Charle Borns CODELO 61 C						
whomever will be receiving	Address: P.O. Box 9205						
the refund.	City, State, Zip:Coppell,	TX 75019	10 10 10 10 10 10 10 10 10 10 10 10 10 1	W. 5202 M			
	Daytime Phone No.:877-	442-2797 X 191201	E-M	fail Address:c	heburns@corelogic.co	om	
Step 2. Provide payment	Payment made by:	Ch	eck No. D	ate Paid	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online	DMI/CoreLogic	Wire	13	2/20/2021	\$3,866.36		
payment confirmation or bank/credit card statement.	1	TOTAL AMOUNT PAIL	) (sum of the abo	ve amounts)			
Step 3. Provide reason for	Please check one of the f						
this refund. Please list any accounts and/or	X 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):						
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form i	ow, I hereby apply for the refund of the above-described taxes and certify that the informathis form is true and correct. (If you make a false statement on this application, you couss A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					
Suc 2/1/22	SIGNATURE OF REQU Charia			ED NAME & rie Burns	DATE 2/7/2022		
TAX OFFICE USE ONLY:	Approved	Denied By:	44	Date:	2-7.22		

Print Date: 02/05/2022

