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

AGENDA DATE: March 29, 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:

(If Department Head Summary Form is initiated by Purchasing, client

department should sign also)

TAX REFUNDS March 29, 2022

1.	Laura P. Tercero, in the amount of \$3,828.19 made an overpayment on February 10, 2022 of
	2021 taxes.

(Geo. # 18PP-999-6464-4042)

2. Nathan and Ana Bentley, in the amount of \$4,382.41 made an overpayment on January 30, 2022 of 2021 taxes.

(Geo. # H788-010-0460-0050)

3. Commercial Escrow, in the amount of \$2,586.50 made an overpayment on January 20, 2022 of 2021 taxes.

(Geo. # H793-024-0100-0240)

4. TexStar Escrow, in the amount of \$3,503.78 made an overpayment on January 30, 2022 of 2021 taxes.

(Geo. # T820-999-0080-0200)

Shoul R. Mack for Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk



TAX OFFICE

MAR 0 9 2022

Prop ID

673809

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

18PP-999-6464-4042 Legal Description of the Property

DEALER MOTOR VEH INV P140066

8430 ALAMEDA AVE

Geo No.

LAURA P TERCERO 8430 ALAMEDA AVE **EL PASO, TX 79907**

OWNER: URBINA AUTO SALES

2021 OVERAGE AMOUNT \$3,828.19

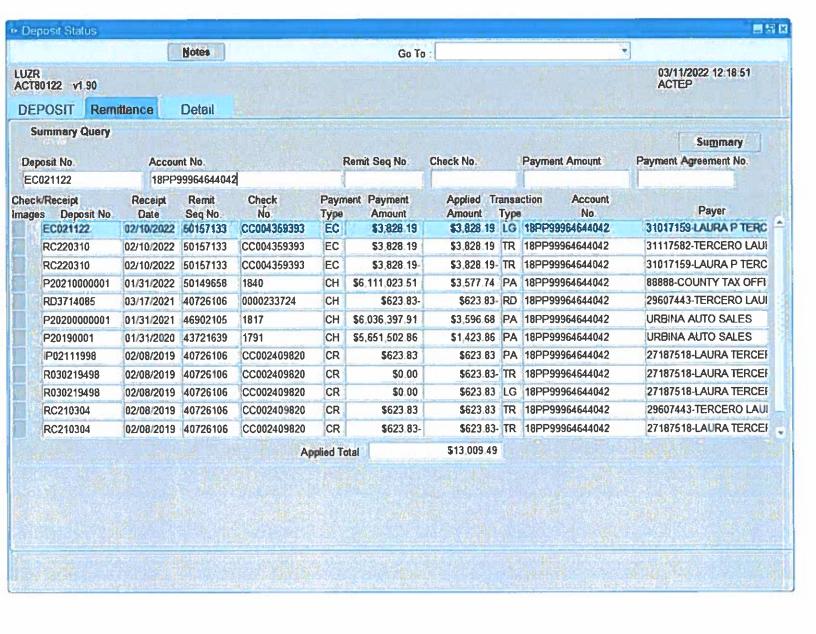
1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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	on must be completed, signed, an	id submitted with suppor	ting documentation to be valid.
Step 1. Identify the refund	Who should the refund be issued to:			
recipient. Show information for	Name: LOUTO P.	Tercero	340	/
whomever will be receiving	Address: 8430 Alav		•	1/
the refund.	City, State, Zip: E (PC)		07	V
	Daytime Phone No.: 915-3		E-Mail Address:	attyeca@live.com
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid
information. Please attach copy of cancelled check, original receipt, online	Echeck	4359393	2/10/22	3828.19
payment confirmation or bank/credit card statement.	mom. I	4340417171714		
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) 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 an guilty of a Class A misdemeanor	nd correct. (If you make a fa	lse statement on this a	pplication, you could be found
0	SIGNATURE OF REQUESTOR	(REQUIRED)	RINTED NAME & D	PATE
Suc,	KonTo		aura let	сего 3-24-22
() 8/11/22		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	2 - 22
TAX OFFICE USE ONLY:	Approved Denied	By: 1	Date:	3-10-02

Print Date: 02/15/2022



TAX OFFICE RECEIVED

MAR 07 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. H788-010-0460-0050 Prop ID 14504

Legal Description of the Property

46 HORIZON HEIGHTS #10 LOT 5 (14080.00

SQ FT)

316 BAIN CT 79928

OWNER: BENTLEY NATHAN E & ANA C

2021 OVERAGE AMOUNT \$4,382.41

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14. HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1, 31: TOWN OF HORIZON CITY

Dear Taxpayer:

IVR PAYMENT

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 applican	ion must be completed, signed,	and submitted with supp	orting documentation to	the Valid_
Step 1. Identify the refund	Who should the refund be issued	10	T T T T T T T T T T T T T T T T T T T		
recipient. Show information for		and or Ana	Bentley		
whomever will be receiving	Address: 316 Ba	in Ct.	· · · · · · · · · · · · · · · · · · ·		
the refund.	City, State, Zip: +10 (1 Z	on City . T	X -7992	8 🗸	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Daytime Phone No. 915-L	190-4801	E-Mail Address:	bent-fest@	hotmall
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled check, original receipt, online	Wathen Bentler	0838	7-2-97	\$4,382	.41
payment confirmation or bank/credit card statement.					
Step 3. Provide reason for	Please check one of the followin	AMOUNT PAID (sum of	the above amounts)		20000
this refund.					
Please list any accounts and/or		or and I am entitled to the re			
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 as guilty of a Class A misdemeano	nd correct. (If you make a	false statement on this	application, you cou	
Aucolola	SIGNATURE OF REQUESTOR	R (REQUIRED)	PRINTED NAME &	DATE	V
TAX OFFICE USE ONLY:	Approved Denies	d By: N.H	Date:	3-11-22	V

Print Date: 02/04/2022

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TAX OFFICE RECEIVED

MAR 0 2 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

necdsished

Geo No. H793-024-0100-0240 Prop ID 265279

Legal Description of the Property

10 HORIZON VIEW ESTATES #24 LOT 24 (8000.00 SQ FT)

COMMERCIAL ESCROW 10657 VISTA DEL SOL DR - SUITE I EL PASO, TX 79935-4504

MAR 14 2022 +2,500,00

OWNER: PEINADO ADRIAN

2021 OVERAGE AMOUNT \$2,586.50

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

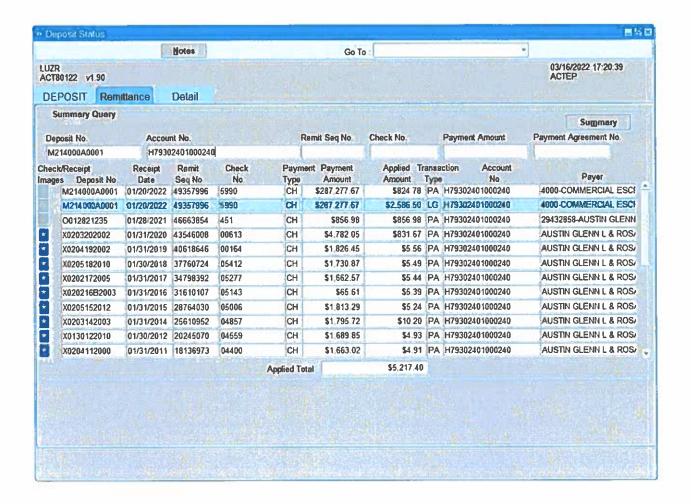
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APPLICATION FOR PROPER	TY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:			
recipient. Show information for	Name: Comporcal Escrow			
whomever will be receiving	Address: 10657 U. ste Dol Soil of Ste I			
the refund.	City. State, Zip: E1 RSO TX 79935			
	Daytime Phone No.: 915 591 6683 E-Mail Address: Janasando Ba att			
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	Commercial Exercis 3980 1/20/22 2506.50			
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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.	1 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 telony under the Texas Penal Code, Sec. 37.10.)			
Prec 3/16/22	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE TO COL TENENTY PRINTED NAME & DATE			
MAY OFFICE USE ONLY:	Approved Denied By: NH Date: 3-15-22			

Print Date: 01/20/2022

v52.1.7





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

TAX OFFICE RECEIVED MAR 07 2022

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

> Geo No. T820-999-0080-0200

Prop 1D 99562

Legal Description of the Property

8 TRES SUENOS #1 LOT 2 (4517.88 SQ FT)

12904 ALFREDO APODAÇA DR

TEXSTAR ESCROW 5809 ACACIA CIRCLE EL PASO, TX 79912

12500

OWNER: OCON VALERIA

2021 OVERAGE AMOUNT \$3,503.78

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

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Step 1. Identify the refund	Who should the refund be issued to: [This application must be completed, signed, and submitted with supporting documentation to be valid.]			
recipient. Show information for	Name: Tex Stor	Facmy	-	
whomever will be receiving		toacia Circle	/-	
the refund	City, State, Zip: El Pa	ICACIA CITCIE	1/	
	Daytime Phone No.: 916	20) [x . 1002		
Step 2. Provide payment nformation.	Payment made by:	Check No.	E-Mail Address: Date Paid	Amount Paid
Please attach copy of cancelled heck, original receipt, online sayment confirmation or	Check	4607	1/19/22	\$ 3,503.78
ank/credit card statement	Discoverations and C. D.	TAL AMOUNT PAID (sum of t	he above amounts)	n 20
tep 3. Provide reason for his refund,	Please check one of the follo	1 S W S 1 S V		
lease list any accounts and/or	4-	error and I am entitled to the refu	A CONTRACTOR OF THE PARTY OF TH	
cars that you intended to pay ith this overage.	Loverpaid this account. Please refund the excess to the address listed in Step 1.			
ALL THIS GVETAGE.	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):			
e processed	guilty of a Class A misdeme	pply for the refund of the above-to the and correct. (If you make a fa anor or a state jail felony under the	Se statement on this	persionation days and discontinued
free 3/17/22	SIGNATURE OF REQUES	TOR (REQUIRED) P	PRINTED NAME &	alnot 2.28:2
OFFICE USE ONLY:	Approved De	nied By: NA	Date:	39.33

v52-1-7

Print Date: 02/02/2022

