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

AGENDA DATE: May 10, 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.

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.

#### 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?

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)

#### 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

DEPARTMENT HEAD: Vais O Pacillas

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

Revised 04/09/2021

### TAX REFUNDS May 10, 2022

	<ol> <li>Habitat International, in the amount of \$2,999.80 ma 2020 taxes.</li> </ol>	de an overpayment on January 29, 2021 of
	(Geo. # L203-999-0030-0200)	
2.	<ol> <li>Jorge O. Aguirre, in the amount of \$2,527.31 made at taxes.</li> <li>(Geo. # M282-999-001A-0100)</li> </ol>	n overpayment on March 31, 2022 of 2021
3.	<ol> <li>Southwestern Bell Telephone, in the amount of \$32,2</li> <li>30, 2022 of 2021 taxes.</li> <li>(Geo. # V893-999-127A-3000)</li> </ol>	235.39 made an overpayment on January
		Maria O. Pasillas
	Laura D. Prine	faria O. Pasillas, RTA

**Tax Assessor Collector** 

City Clerk



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

TAX OFFICE RECEIVED APR 2 2 2022

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

Geo No. L203-999-0030-0200 Prop ID 168372

Legal Description of the Property

3 LAS PALMAS #3 LOT 2 (3843.00 SQ FT)

3616 MACAW PALM DR

HABITAT INTERNATIONAL INC 11576 JAMAICAN PALM DR EL PASO , TX 79936



OWNER: LAS PALMAS PHASE III JOINT VENTURE

2020 OVERAGE AMOUNT \$2,999.80

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

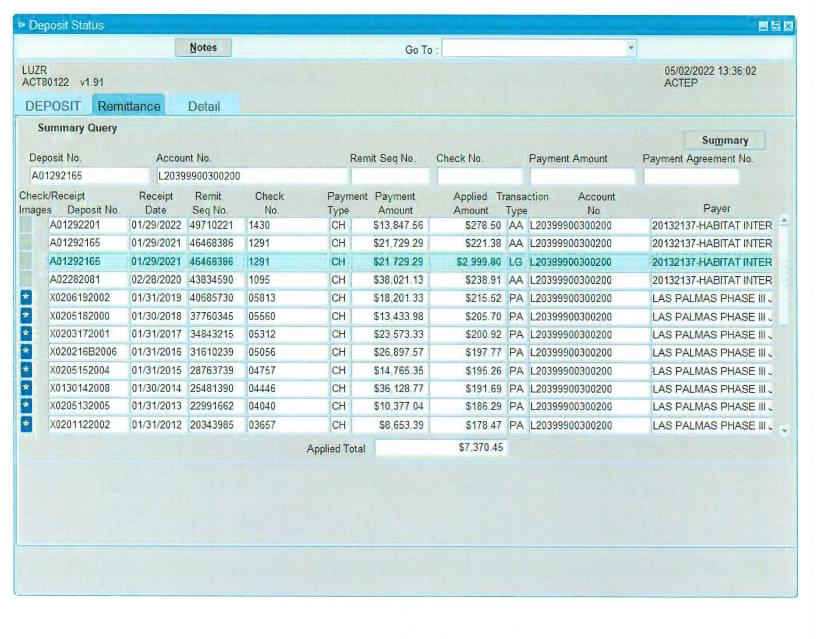
Dear Taxpayer:

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 supr				
Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:  Name: HARITAT NEEDWARD DOUNG  Address: 11576 JAMAIGAN PAM DIZ  City, State, Zip: EC PASO + \$\infty\$ 79936  Daytime Phone No.: (915) 203-4411 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    HOWERD REET CK 1291   1 25 21 21,729.29  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 with this overage.	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.)			
The 400/20	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE HOMEVO 1922 4-16-22			
TAX OFFICE USE ONLY:	Approved Denied By: NIH Date: 4.22-22			

v52.1.7

Print Date: 04/13/2022





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

TAX OFFICE RECEIVED APR 0 8 2022

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

JORGE OCTAVIO AGUIRRE 490 GREGGERSON

EL PASO, TX 79907



 Geo No.
 Prop ID

 M282-999-001A-0100
 682334

Legal Description of the Property

BLK 1 MC ELROY ACRES REPLAT A LOT 1 (29728.32 SQ FT)

490 GREGGERSON DR 79907

OWNER: AGUIRRE JORGE O

2021 OVERAGE AMOUNT \$2,527.31

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

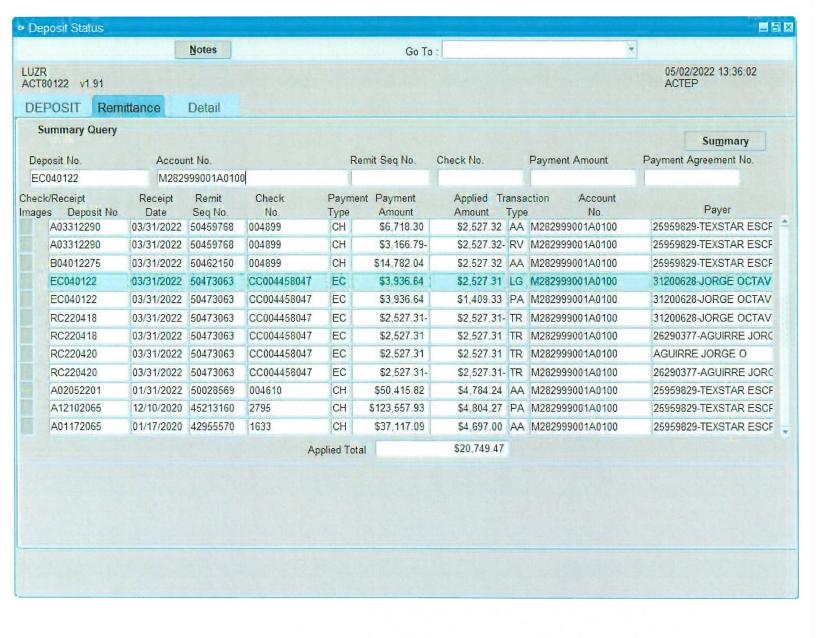
Dear Taxpayer:

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	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 whomever will be receiving the refund.	Name: Jorge O. Aguirre Address: J 4906 reggerson				
ne retuild.	City, State, Zip: E Paso TX 7990 +  Daytime Phone No.:915-203-4660 E-Mail Address: Soaquire Con.				
	Payment made by: Check No. Date Paid Amount Paid				
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	Echaile 4458047 3131122 \$3936.64				
ank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for	Please check one of the following:				
his refund. Please list any accounts and/or vears that you intended to pay with this overage.	I paid this account in error and I am entitled to the refund.				
	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):				
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.)				
POP RECEIVED	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  Dog e 0. Aguire 4-5-dd				
the 4/20/22					
TAX OFFICE USE ONLY:	Approved Denied By: Date: 4-19-3-3				

v52.1.7

Print Date: 04/04/2022



### 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

APR 19 2022

Geo No. V893-999-127A-3000

SQ FT)

Prop ID 329343

Legal Description of the Property 127-A VISTA DEL SOL #21 4 TO 7 (432855

11200 PELLICANO DR 79935

OWNER: SOUTH WESTERN BELL TELEPHONE

2021 OVERAGE AMOUNT \$32,235,39

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:

T&TA

1010 PINE STREET ST LOUIS, MO 63101

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	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: Gouthwestern Bell Telephone			
whomever will be receiving	Address: 1010 Pine 97-1-01			
the refund.	City, State, Zip: St. Louis No Le3101			
	Daytime Phone No.: 314 - 396 3361 E-Mail Address: 05 4158@ Att 20			
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	- SWEET 30000 7289 1/4/22 2,094,583.70			
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund.	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.			
ars that you intended to pay ith this overage.	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.			
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01.	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE			
MC 4/19/2	Christine Steple CHRISTANE Stepl aff14/27			
TAX OFFICE USE ONLY:	Approved Denied By: NH Date: 4-19-22			

