

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

AGENDA DATE: June 7, 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.

Tax Refund to TK Elevator Corporation, in the amount of \$3,996.77 for an overpayment made on November 16, 2021 of 2021 taxes. (Geo. # 0242-999-3003-0000). 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.

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

*****REQUIRED AUTHORIZATION*****

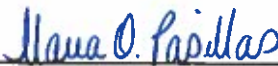
DEPARTMENT HEAD: Sheryl R. Mack for Maria O. Pasillas

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

TAX REFUNDS
June 7, 2022

1. North Point Capital, in the amount of \$3,132.30 made an overpayment on February 17, 2020 of 2019 taxes.
(Geo. # X579-000-3180-2001)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



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 OFFICE
RECEIVED
MAY 16 2022

NORTH POINT CAPITAL
11650 GATEWAY EAST STE. A
EL PASO, TX 79927

Geo No. X579-000-3180-2001	Prop ID 128738
Legal Description of the Property 79 TSP 3 SEC 18 T & P IMPS ONLY ON S 1/2 OF NE 1/4 OF SW 1/4 OF NW 1/4	
12655 STARDUSTER	
OWNER: NORTH POINT CAPITAL LLC	
2019 OVERAGE AMOUNT \$3,132.30	

OP
+2500

6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 9: SOCORRO ISD. 15: EMERG. SERVICES DIST #1. 25: LWR VALLEY WTR DISTRICT

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: North Point Capital			
	Address: 11650 Gateway East Ste. A			
	City, State, Zip: El Paso Tx 79927			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	915-778-8844	E-Mail Address:	juna.esky-transport@ic.co
	Payment made by:	Check No.	Date Paid	Amount Paid
		OK 1004	1/27/20	13,719.89
	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)		PRINTED NAME & DATE	
JMC 5/20/22 [Signature]		Julie Lee Con		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 5-19-22				

Notes

Go To :

LUZR
ACT80122 v1.9105/27/2022 11:37:33
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A02172065	X57900031802001				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02172065	02/17/2020	43743176	1004	CH	\$13,719.89	\$10,587.59	PA	X57900031802001	NORTH POINT CAPITAL L
	A02172065	02/17/2020	43743176	1004	CH	\$13,719.89	\$3,132.30	LG	X57900031802001	NORTH POINT CAPITAL L
	RC210730	02/17/2020	43743176	1004	CH	\$3,132.30	\$3,132.30	LG	X57900031802001	27177637-NORTH POINT C
	RC210730	02/17/2020	43743176	1004	CH	\$3,132.30	\$3,132.30	TR	X57900031802001	NORTH POINT CAPITAL L
*	X0205151048	01/31/2015	28762838	00565	CH	\$1,735.46	\$1,735.46	PA	X57900031802001	NORTH POINT CAPITAL L
*	X0203141035	01/31/2014	25608147	00534	CH	\$1,715.58	\$1,715.58	PA	X57900031802001	NORTH POINT CAPITAL L
*	X0205131003	01/31/2013	22990740	00518	CH	\$1,675.88	\$1,675.88	PA	X57900031802001	NORTH POINT CAPITAL L
	A10251123	10/25/2011	18896875	251296	CH	\$1,596.54	\$1,596.54	PA	X57900031802001	21166831-LONE STAR TIT
*	X1210101002	12/10/2010	17020102	01243	CH	\$1,565.73	\$1,565.73	PA	X57900031802001	BARRETT PHIL C
*	X1216092003	12/16/2009	14843579	01081	CH	\$14,730.27	\$1,545.30	PA	X57900031802001	BARRETT PHIL C
	X1209082003	12/09/2008	12559736	01454	CH	\$1,557.93	\$1,557.93		X57900031802001	BARRETT, PHIL C
	X1127072000	11/27/2007	9982645	01289	CH	\$1,548.23	\$1,548.23		X57900031802001	BARRETT, PHIL C

Applied Total

\$26,660.54