### TAX REFUNDS June 22, 2022

1. Maria de Jesus Garcia, in the amount of \$2,500.00 made an overpayment on May 16, 2022 of

	(Geo. # M946-999-0130-1600)	
2.	Texas Title, in the amount of \$2,505.94 mad taxes. (Geo. # T281-999-0050-1800)	de an overpayment on March 13, 2020 of 2019
3.	Alcantar Enterprises, LLC, in the amount of of 2021 taxes. (Geo. # V893-999-1130-4200)	\$5,991.97 made an overpayment on March 24, 2022  Jlava O. Pavillas
	Laura D. Prine City Clerk	Maria O. Pasillas, RTA Tax Assessor Collector

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

AGENDA DATE: June 22, 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:

PRIMARY DEPARTMENT: Tax Office

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

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DEPARTMENT HEAD: Wave O Papillar

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

2,500 +2,500

#### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

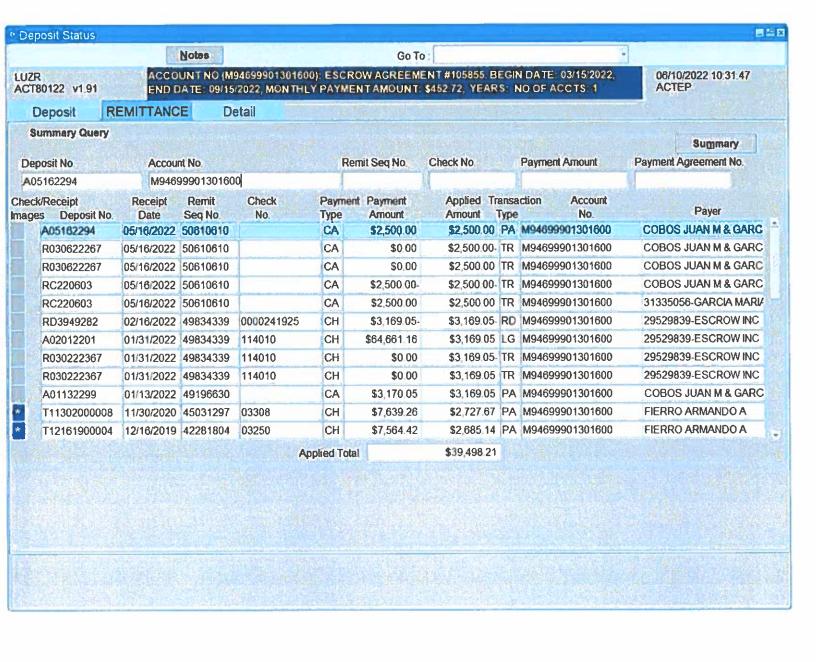
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov



The C		APPLI	CATION FOR T	AX REFUND	·			
1110	Consolidated Tax Office	collects prope	rty taxes for all eliq	jible property taxing en	ities within El	Paso County.		
PPLICANT MUST F	PROVIDE THE FOLLOWING	INFORMATION:			·			
Refund To:		Phone:	Phone: Property ID# (C			Dne application per account)		
		HOME:	HOME:					
Maria De Jesus (	Garcia	WORK:						
			5)331 24	02 M94	-444-0	130-1600		
Address (mail refun	nd to :)	V 100	Property Address:					
1206 W. Missour	d Avo	And/or Legal Desc	vintion					
IZUG VV. IVIISSUUI	II AVE	Legar Desc	прион.					
ax year requested	t: Date payment made:	Check No.	& Date, if known:	Amount of taxes paid:	Amount	of refund requested:		
2022	05/16/2022	cash		\$2,500.00	\$2,500	00 1		
						V		
		211127						
	TOTAL AMO	JUNI (sum of t	he above amounts)	(6) 6		and if a const		
Marie Sala and Marie		0 0 6		t & back of negatiated		red if over \$2,500)		
porque	no sotr	03 +	ativa r	o somos c	bwb1.	tarios.		
×	information given to d	obtain this rel	fund is true and c		× 06-	01-22		
X Requestor sig	Any person knowingly subsent up to one year, or fine no	unitting false ent	ries is subject to: (1) In both. (Sec 37.10 Pena	Title:	, or \$5,000 fine, refund must be r	or both.		
X Requestor sig	Any person knowingly subtent up to one year, or fine no the date of	mitting false ent of over \$2,000, or of the payment o	ries is subject to: (1) in both. (Sec 37.10 Pena r the taxpayer waives	Title:  nprisonment of 2 to 10 years I Code) An application for a	, or \$5,000 fine, refund must be r	or both. made within 3 years after		
X Requestor signary X Printed name  (2) Imprisonm  TAX OFFICE Entire	Any person knowingly subtent up to one year, or fine no the date ory:	mitting false ent of the payment o	ries is subject to: (1) in both. (Sec 37.10 Pena r the taxpayer waives	Title:  nprisonment of 2 to 10 years I Code) An application for a	, or \$5,000 fine, refund must be r	or both.		
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Requestor signary  X Printed name  (2) Imprisonm  TAX OFFICE Entire  Tax Office Applio  (Placed on City  ( ) DISAPPRO ( ) Requestion ( ) Reconstitution ( ) Reconstit	Any person knowingly subsent up to one year, or fine no the date of the date o	mitting false ent it over \$2,000, or of the payment of FUND APPRO (500) eturned to ser ox receipt, Can found on this	ries is subject to: (1) In both. (Sec 37.10 Pena r the taxpoyer waives  VED  Inder ( ) inceled Check, Bank property.	Title:  Title:  pprisonment of 2 to 10 years I Code) An application for a the righto the refund (Sec 3.)	, or \$5,000 fine, refund must be i 11 (c)). Date: Date:	or both. made within 3 years after  6-3-22		

Application for tax Adund-WebVer

( ) Other:



<del>MAY 3 1</del> 2022



200211/AH

# 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. T281-999-0050-1800 **Prop ID** 86264

Legal Description of the Property

5 THUNDERBIRD VALLEY LOT 6 (9350 SQ FT)

5721 BURNING TREE DR

TEXAS TITLE COMPANY 1360 N LEE TREVINO DR SUITE 107 EL PASO, TX 79936

*2,500* ← 2,500

OWNER: MARTINEZ JOEL & ZYLENE

2019 OVERAGE AMOUNT \$2,505.94

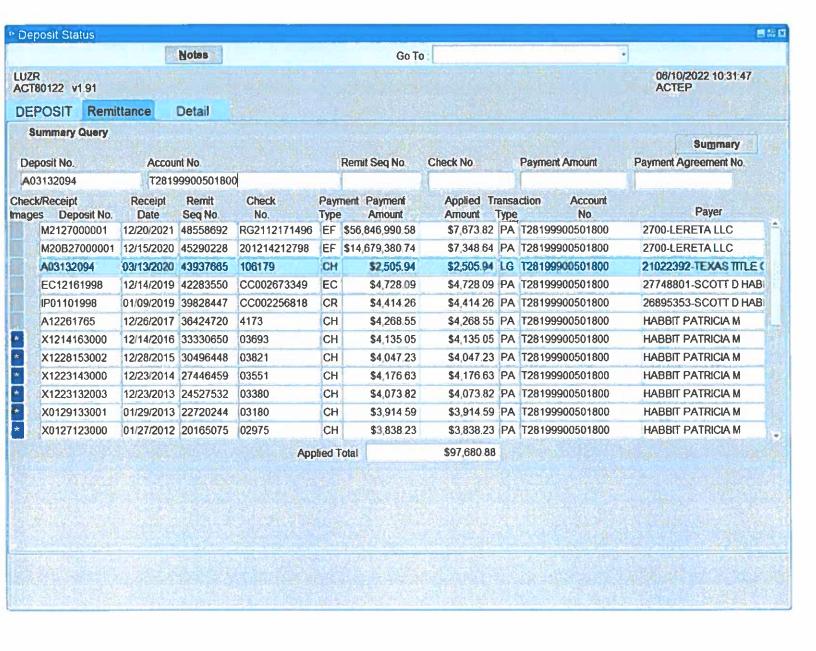
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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 :	must be completed	, signed, and	submitted with supp	orting documentation	in to be valid.
Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for	Name: Torp	is To	t.				
whomever will be receiving	Address: 1360 D. See Trevino Junto 187						
the refund.	City, State, Zip:	efan -	1× 70	2936		1 5 0	-3 to 80
	Daytime Phone No./	915)5	93-340		E-Mail Address	4) afrance	-itle co r
Step 2. Provide payment	Payment made by:		Chec	k No.	Date Paid	Amount Pa	uid
information. Please attach copy of cancelled check, original receipt, online payment confirmation or			10617	9	3/2/2000	#2,50	5.94
bank/credit card statement.		TOTAL AN	MOUNT 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.	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.)						
fuc 16/8/22	SIGNATURE OF RI	EQUESTOR (R	REQUIRED)	PR	INTED NAME &		L'SE
	_/					C 2. ~	~
TAX OFFICE USE ONLY	Approved	Denied	Ву:	11.17	Date:	5-51-0	77

Print Date: 04/06/2022



+2,500

#### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

JUN 0 8 2022

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

**APPLICATION FOR TAX REFUND** 

TAX OFFICE RECEIVED

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.									
	IDE THE FOLLOWING INF					907 a 14 212/2			
Refund To:		Phone: 95-191-76-910			Property ID# (One application per account)				
Alcantar Er	HOME:	9800W. HI		273	2001-				
		WORK:			223	0000			
	<i>V</i>				V893-9	3886 99-1130-4200			
Address (mail refund to	)	Property Ad	ldress:			3)			
		And/or							
		Legal Desci	ription:						
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of	taxes paid:	Amount of refund requested			
1. 2027	03-24-22	3152	03-24-22	\$5,9	91.97	\$5,991.97			
2.						V			
3.	L	L		ļ					
	TOTAL AMOUN	IT (sum of th	ne above amounts)	L					
						oval required if over \$2,500)			
			iginal receipt, from						
REASON FOR OV		nowing iter SOLO	n cleared (both the	·,·	nxpayer name m N MAU	ust appear) 2022			
REASON FOR OVI	CKENTUICNT.	_3010	<u>i proper</u>	Ty L	" may	4002			
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Z certify that info	ormation given to obta	ain this refi	und is true and c	orrect."					
/	)								
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41117					_ Date:				
Requestor signat	ure:								
Mari	205 Alcan	1-01							
Printed name:	- 03 /1 [CUV]	Lai		· · · · · · · · · · · · · · · · · · ·	Title:				
	ny person knowingly submit	tina false entr	ies is subject to: (1) Im	prisonment o		55.000 fine, or both.			
						d must be made within 3 years after			
	the date of th	e payment or	the taxpayer waives t	he righta the	refund (Sec 31.11 (	c)).			
TAX OFFICE Entry:	(V REFU	ND APPROV	/ED						
Tax Office Approval:	0	HU				Date: 10-9-22			
	Mila.	เลโก	1/						
Date:									
(Placed on City Council Agenda over \$2,500)									
	( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached								
( ) Required tocumentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted. ( ) Record of overpayment not found on this property.									
1 ' '	not found as identified	-							
{ } Other:									
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