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

AGENDA DATE: October 11, 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

4.

DEPARTMENT HEAD: Maia O. Pasillas

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

Revised 04/09/2021

#### TAX REFUNDS October 11, 2022

1.	Ryan Tax Compliance Services LLC, in the amount of \$4,746.66 made an overpayment on
	January 30, 2022 of 2021 taxes.
	(Geo. # 2001-999-4092-0034)

2. Corelogic Tax Services, in the amount of \$3,445.90 made an overpayment on June 07, 2022 of 2021 taxes.

(Geo. # C518-999-1140-2500)

3. CJ2 & Associates LLC, in the amount of \$2,933.65 made an overpayment on January 10, 2022 of 2021 taxes.

(Geo. # P481-999-0210-0500)

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 Email: taxforms@elpasotexas.gov

Geo No. 2001-999-4092-0034 Prop ID 504444

Legal Description of the Property

INV MACH SIGN VEH

120 PARAGON LN-207

RYAN TAX COMPLIANCE SERVICES LLC 16220 NORTH SCOTTSDALE ROAD SUITE

OWNER: STRYKER ORTHOPAEDICS

2021 OVERAGE AMOUNT \$4,746.66

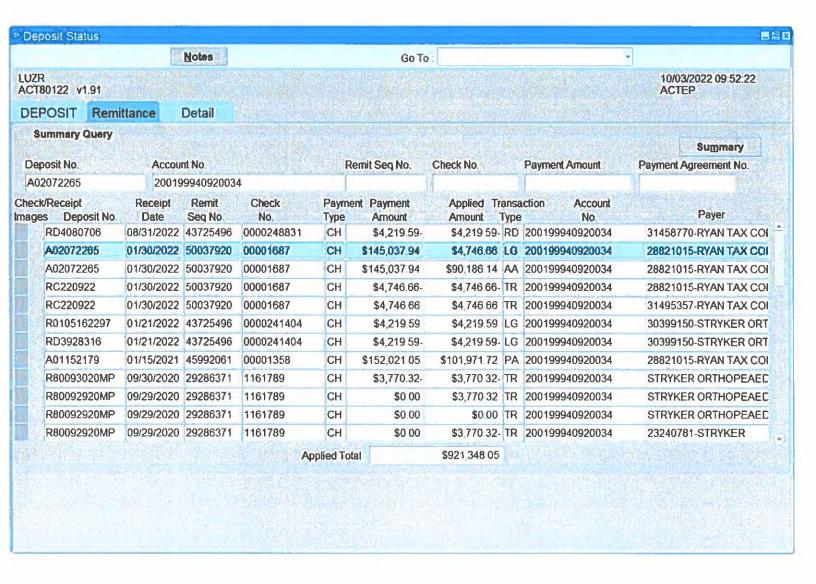
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

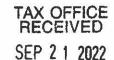
Dear Taxpayer:

SCOTTSDALE, AZ 85254

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 issued to:						
recipient. Show information for	Name	Ryan Tax Compl	iance Services LL	C Attn:	Jeremy Newma		
whomever will be receiving	Addr	css: 1233 West Loop	S, Suite 1500 /		/		
the refund.	City,	State, Zip: Houston, T		V			
	Daytime Phone No.: (972) 934 - 002 E-Mail Address				leticia.crispin@ryan.com		
Step 2. Provide payment	Paym	ent made by:	Check No.	Date Paul	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online payment confumation or	Check		#00001687	01/30/2022	\$145,037.94		
bank/credit card statement.		TOTAL	AMOUNT PAID (sum of	the above amounts)			
Step 3. Provide reason for	Please cheek 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.						
th 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.)						
	SIGN	DATE					
10 9 be 122	1	Keticia C	nispin	Leticia C	rispin 09-22-20		
		/					
TAX OFFICE USE ONLY:	0	Approved Denie	ed By: N.H	Date:	9.22-22		







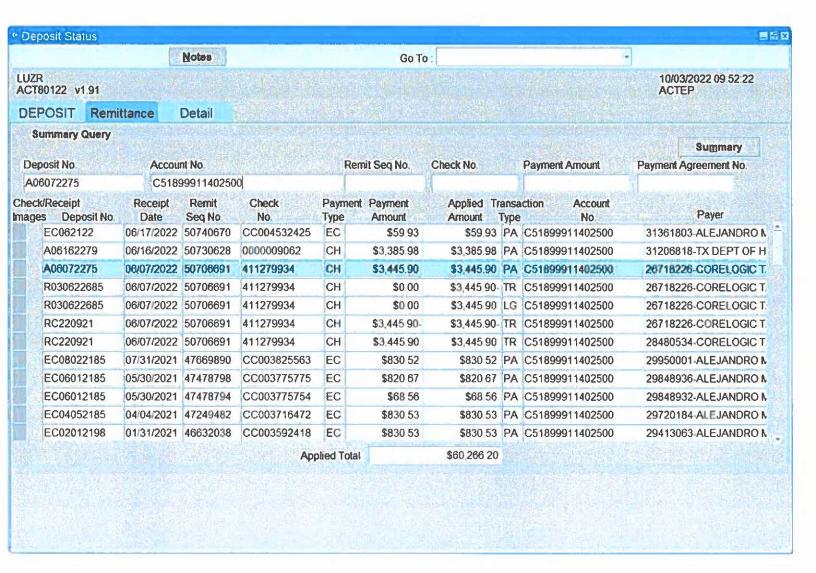
#### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas (1990)
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov
Plut 2249

**APPLICATION FOR TAX REFUND** 

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		HOME: 585-321-685	50				
Corelogic tax service	es	WORK:			C518999	11402500	
		9500					
Address (mail refund to	) :)	Property Address:					
		And/or poor					
Centralized Refund	ls P.O. Box 9202 Copp	Legal Description:	IS VYET I	BUNGES DI	K, EL PASI	J   X 7992300	00
Tax year requested:	Date payment made:	Check No. & Date, if known: Amount of		Amount of to	axes paid:	Amount o	f refund requested:
1. 2021	6/2/2022	41127993		3445.90		3445.90	
2.							
3.					o Selvidele		381 SIGNATO
200	TOTAL AMOU	NT (sum of the above an	nounts)				
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	REQUIRED:	Copy of original recei	pt, fron	it & back of	negotiated	check, OR	
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Corelogic tax se	ervices						
Printed name:			-		Title:		
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		he payment or the taxpayer					
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TAX OFFICE Entry:	(V) KEFL	IND APPROVED					
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Tax Office Approval:		N.N				Date:	9-21-22
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(Blassed on City Co.	uncil Agenda over \$2,50		740 7			Date:	
				Control	no.		
( ) DISAPPROVE	25 M. M.	rned to sender	223 - 53	See below/a			
<ul> <li>( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.</li> <li>( ) Record of overpayment not found on this property.</li> <li>( ) Property not found as identified, resubmit after correction.</li> </ul>							
						( ) Property	y not round as identifie
( ) Other:	ACCEPTANTS						
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Geo No. P481-999-0210-0500 Prop ID 122247

Legal Description of the Property 21 PARKWOOD LOT 3

2704 EADS PL

OWNER: ACOSTA JESSICA

2021 OVERAGE AMOUNT \$2,933.65

EL PASO , TX 79935

ACOSTA JESSICA 2704 EADS PL

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:

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APPLICATION FOR PROPER	FY TAX REFUND: This application m	iust be completed, signed, an	id submitted with suppo	orting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:	TOWN TOWN	CHARLES OF THE	PETRONE STATE			
reciplent. Show information for whomever will be receiving the refund.	Name: CJ2 & ASSOCI	IATES LLC		/			
	Address: POBOX2	6483		V			
	City, State, Zip: FLDAS	67X7993	L				
	Daytime Phone No.: 915 637	2680	E-Mail Address:	Derthatafoyassseyin			
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid			
Please attach copy of cancelled	C52 & Associates	2089	1-10-22	\$2,933,65			
check, original receipt, online	ile						
bank/credit card statement.		OUNT PAID (sum of th	ne above amounts)				
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	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 infor have given on this form is true and correct. (If you make a false statement on this application, you congulty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
(Q)	SIGNATURE OF REQUESTOR (RE	OURED) P	RINTED NAME &	DATE			
The 9/29/22	Puthe (ap		Bertha Ta	1 1			
TAX OFFICE USE ONLY:	Approved Denied	By: N.H.	Date:	9-28-22			

Print Date: 07/20/2022

