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

AGENDA DATE: October 25, 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.

WestStar Title, in the amount of \$4,065.03 for an overpayment made on July 27, 2022 of 2021 taxes. (Geo. # A462-999-0360-7600). 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

DEPARTMENT HEAD:

Maria O. Papillas

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

Revised 04/09/2021



TAX OFFICE OCT 11 2022

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO TY 70001

EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

> Geo No. A462-999-0360-7600

Prop ID 50759

Legal Description of the Property

36 ALEXANDER E 46 FT OF 18 TO 20 (3126)

SQ FT)

WESTSTAR TITLE LLC 601 N MESA EL PASO, TX 79901

42500

909 ERIVER AVE 79902

OWNER: CHAVEZ M AURORA & HORACIO P

2021 OVERAGE AMOUNT \$4,665.03

1: CITY OF EL PASO. 3. EL PASO ISD, 6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE, 5: 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	FY TAX REFUND: This application must be completed	d, 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: WestStar Title	
	Address: 601 N. MESa, Suite	1025
	City, State. Zip: El Paso, Tx 79	
	Daytime Phone No.:	E-Mail Address:
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Check 20210	30/ 7/27/22 59/4.59
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:	
	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):	
Step 4. Sign the form. Unsigned applications cannot be processed.		the above-described taxes and certify that the information I make a false statement on this application, you could be found ny under the Texas Penal Code, Sec. 37.10.)
Pup 10/11/22	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE
	Dandla J. Diogt	Sandra L. Swift 10/5/20
	V	1/
TAX OFFICE USE ONLY:	Approved Denied By: N	0.H Date: 10-11-22

Print Date: 08/10/2022

