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

AGENDA DATE: November 8, 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.

El Paso Five Star Homes, Inc. dba Flair Homes Texas, in the amount of \$5,557.05 for an overpayment made on January 30, 2022 of 2021 taxes. (Geo. # C539-999-0100-5900). 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: Varia O Parillac

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

O€T 2 1 2022



# 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. Prop ID C539-999-0100-5900 685714 Legal Description of the Property BLK 10 CIMARRON CANYON #1 LOT 59 7448 CIMARRON GAP DR 79911

EL PASO FIVE STAR HOMES 6300 ESCONDIDO EL PASO, TX 79912

+ 2.500

OWNER: LIBONGCO ARNOLD H & ANGELEEN P

2021 OVERAGE AMOUNT \$5,557.05

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: **CANUTILLO 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 PROPER	IY TA	X REFUND:	is application	must be completed, sig	med, and submit	ted with suppo	orting documentation to	se valid.	
Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:								
	Name: El Paso Five Star Homes, Inc. dba Flair Homes Texas								
	Address: 6300 Escondido Dr.								
	City, State, Zip: El Paso, Texas 79912								
	Daytime Phone No.: 915-584-8629			E-Mail Address: imoreno@winonthomes.net					
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Paym	ent made by:		Check N	lo Date	Paid	Amount Paid		
	Check			23952		1-28-22	5557.05		
			TOTALA	MOUNT PAID (sur	m 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:								
	х	X I paid this account in error and I am entitled to the refund.							
	Х	X Toverpaid 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.	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.)								
Jun 10/25/22	SIGNATURE OF REQUESTOR (REQUIRED)				PRINTED NAME & DATE Ivonne Moreno 10-21-22				
TAX OFFICE USE ONLY:		/	Denied	By: N	N	Date:	10-21-22	J	

Print Date: 08/10/2022

