

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

AGENDA DATE: April 25, 2023
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 B).

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? ☒ YES ☐ NO

PRIMARY DEPARTMENT: Tax Office
SECONDARY DEPARTMENT: N/A

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

DEPARTMENT HEAD:


Maria O. Pasillas

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

TAX REFUNDS
April 25, 2023

1. Caryn Iverson, in the amount of \$4,185.48 made an overpayment on February 28, 2023 of 2022 taxes.
(Geo. #A642-999-0190-1300)
2. 3106 Montana LLC, in the amount of \$7,498.25 made an overpayment on January 9, 2023 of 2022 taxes.
(Geo. #E014-999-0940-8100)
3. Nancy Vega, in the amount of \$3,067.26 made an overpayment on January 30, 2023 of 2022 taxes.
(Geo. #M996-999-0080-3900)

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 Email: taxforms@elpasotexas.gov

TAX OFFICE
RECEIVED

MAR 15 2023

CARYN IVERSON
5413 ANGEL FIRE CT.
LAS CRUCES, NM 88011

| | |
|--|-------------------|
| Geo No. A642-999-0190-1300 | Prop ID 277882 |
| Legal Description of the Property 19 APOLLO HEIGHTS #2 7 & SLY 3.33 FT OF 8 (7521 SQ FT) 10449 APHONIA DR 79924 OWNER: IVERSON CARYN T | |

2022 OVERAGE AMOUNT \$4,185.48

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 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: <u>Caryn Iverson</u> | | | |
| | Address: <u>5413 Angel Fire CT</u> | | | |
| | City, State, Zip: <u>Las Cruces, NM 88011</u> | | | |
| Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | Daytime Phone No.: <u>(915) 490-2461</u> | | E-Mail Address: <u>CIVerson5413@comcast.net</u> | |
| | Payment made by: | Check No. | Date Paid | Amount Paid |
| | <u>Echeck</u> | <u>5227005</u> | <u>2/28/23</u> | <u>\$ 4185.48</u> |
| | 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 checked="" type="checkbox"/> | I paid this account in error and I am entitled to the refund. | | |
| | <input 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 | |
| | <u>Caryn Iverson</u> | | <u>Caryn Iverson</u> | |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>4-11-23</u> | | | | |

TAX OFFICE
RECEIVED

MAR 06 2023

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

STEVEN ELLMAN
11700 W CHARLESTON
LAS VEGAS, NV 89135

| | |
|--|-------------------|
| Geo No. E014-999-0940-8100 | Prop ID 347579 |
| Legal Description of the Property 94 EAST EL PASO 29 TO 32 (14000.00 SQ FT) 3100 MONTANA AVE 79903 OWNER: MONTANA 3106 LLC | |

2022 OVERAGE AMOUNT \$7,498.25

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 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: 3106 MONTANA LLC

Address: 11700 W. CHARLESTON BLVD PMB 170-269

City, State, Zip: LAS VEGAS NV 89135

Daytime Phone No.: 702-957-8189

E-Mail Address: STEVEN ELLMAN@CORP.COM

Step 2. Provide payment information.

Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.

Payment made by:

Check No.

Date Paid

Amount Paid

Echeck

4895669

1/9/23

\$7498.25

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:

☒

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.

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

Signature of Steven E. Elman
MANAGER FOR
3106 MONTANA
LLC

STEVEN ELLMAN

TAX OFFICE USE ONLY:

☒ Approved☐ Denied

By:

N.H.

Date:

4-11-23

TAX OFFICE
RECEIVED

APR 13 2023

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

STEWART TITLE COMPANY
201 E MAIN SUITE 1501
EL PASO, TX 79901

| | |
|---|-------------------|
| Geo No. M996-999-0080-3900 | Prop ID 397864 |
| Legal Description of the Property 8 MYSTIC HEIGHTS LOT 20 (7320 SQ FT) 10032 GALVESTON DR | |
| OWNER: TOMASELLO NANCY V & JAMES | |

2022 OVERAGE AMOUNT \$3,067.26

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 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: <u>Nancy Vega</u> | | | |
| | Address: <u>4213 Sohn B Oblinger</u> | | | |
| | City, State, Zip: <u>El Paso, TX 79934</u> | | | |
| Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | Daytime Phone No.: | | E-Mail Address: <u>ntomasello@elpasotexas.net</u> | |
| | Payment made by: | Check No. | Date Paid | Amount Paid |
| | <u>Stewart Title</u> | <u>CK 6130</u> | <u>1/30/23</u> | <u>16,635.61</u> |
| | 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 | |
| | <u>[Signature]</u> | | <u>Nancy Vega</u> | |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NH</u> Date: <u>4-13-23</u> | | | | |