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

AGENDA DATE: June 6, 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? _X_YES ___NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD:

Maria O. Pasillas

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

TAX REFUNDS June 6, 2023

- Rocio Garibay, in the amount of \$4,500.00 made an overpayment on March 09, 2023 of 2022 taxes. (Geo. #C741-999-0170-5900)
- Flowar Properties LLC, in the amount of \$5,422.03 made an overpayment on February 8, 2022 of 2021 taxes. (Geo. #F607-999-0240-0600)

aria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

	0	THE CITY OF EL PASO CON 221 N. Kansas		TAX OFFICE RECEIVED
(>P	El Paso, Tex		
+2	500 Phone (91	15) 212-0106, Fax (915) 212-01		texas.gov MAY 1 9 2023
		APPLICATION FOR		
The Co	nsolidated Tax Offic	e collects property taxes for all		es within El Paso County.
	OVIDE THE FOLLOWIN			
fund To:		Phone: 915-330	- U778 Property ID# (One application per account)
ROCIO Ganbay HOME: WORK: Q15-230-500 380148				
,	, , J	WORK. (119-20)	5300 0741-0	999-0170-5900
dress (mail refund	to :)	Property Address: 55	21 MANDULUL	/
5521 VD	nequiler	And/or	21 10.100000-	
a Paso,	TX 7992	U DIL AIM	vention Prope	Hutaxes
x year requested:	Date payment mad	and the second		Amount of refund requested:
2022_	3-09-20	13 0000277346	\$4500.00	84500.00 V
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	TOTAL AI	MOUNT (sum of the above amount	s) \$ 4500"	
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		RED: Copy of original receipt, fi ent showing item cleared (both		
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ADDA	nformation given to	o obtain this refund is true an		5117/23 V
ADDA	ntormation given to	o obtain this refund is true an		5117/23 V
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	ARIA O. PASILLAS, RTA PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901 X: (915) 212-0107 Email: taxf		AY 2 5 2023
		Geo No. F607-999-0240-0600	Prop ID 365994
		Legal Description of the 24 FRANKLIN HEIGHTS 5 (5400 SQ FT)	• •
FLOWAR PROPERTIES LLC 1200 E YANDELL EL PASO , TX 79902	0P V	1208 E YANDELL DR	
	+2200	OWNER: FLOWAR PROPE	MOUNT \$5 422.02

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 supporting documentation to be valid.					
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for whomever will be receiving the refund.	Name: Flowar Properties					
	Address: MOO & Mindell DE					
	City, State, Zip: GI Papa Tx 729902					
	Daytime Phone No.: (915) 519 - 4213 E-Mail Address: Property incurance Difference					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Echeck 4355903 2/8/22 5452.03					
bank/credit card statement.	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	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.					
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.)					
fue 5hops	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE V Haleb Varvoch					
TAX OFFICE USE ONLY:	Approved Denied By: NIH. Date: 5-25-23					