

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

AGENDA DATE: January 17, 2024

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

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

DEPARTMENT HEAD:


 for Maria O. Pasillas

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

TAX REFUNDS
January 17, 2024

1. Elizabeth Nunez, in the amount of \$3,283.63 made an overpayment on December 19, 2023 of 2023 taxes.
(Geo. #R530-000-0130-440)
2. David Vazquez, in the amount of \$5,238.37 made an overpayment on October 19, 2023 of 2023 taxes.
(Geo. #V893-999-5170-1200)

Laura D. Prine
City Clerk

 for Maria O. Pasillas
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

CITY TAX OFFICE

DEC 28 2023

ELIZABETH NUNEZ
P.O. BOX 2894
FABENS, TX 79838

OP
+2500

Geo No. R530-000-0130-4400 Prop ID 669310

Legal Description of the Property
BLK 13 RIO BRAVO #2 LOT 44
13847 ALAMITO CREEK AVE 79836

OWNER: MURO CASSANDRA

2023 OVERAGE AMOUNT \$3,283.63

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 12: TOWN OF CLINT, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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: Elizabeth Nunez			
	Address: PO Box 2894			
	City, State, Zip: Fabens, TX 79838			
	Daytime Phone No: (915) 543-1753	E-Mail Address: LNUN8721@yahoo.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	5579773	12-19-23	\$3,283.63
	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.			
	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]		Elizabeth Nunez 12/24/23	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H.	Date: 12-28-23

**CITY TAX OFFICE**

NOV 15 2023

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

DAVID VAZQUEZ
12104 VILLAGE GATE DR.
EL PASO, TX 79936

OP ✓
+2500

Geo No. V893-999-5170-1200	Prop ID 187023
Legal Description of the Property 517 VISTA DEL SOL #123 LOT 12 (5460.00 SQ FT) 12144 JOSE CISNEROS DR	
OWNER: VAZQUEZ DAVID E & SOCORRO	

2023 OVERAGE AMOUNT \$5,238.37 ✓

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

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	Name: DAVID VAZQUEZ															
	Address: 12104 VILLAGE GATE ✓ ✓															
	City, State, Zip: EL PASO TX 79936															
	Daytime Phone No.: 915 3294724		E-Mail Address: dev1973@hotmail.com													
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table border="1"> <thead> <tr> <th>Payment made by:</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>Echeck</td> <td>CC005440002</td> <td>10-19-23</td> <td>\$5,238.37</td> </tr> <tr> <td colspan="3">TOTAL AMOUNT PAID (sum of the above amounts)</td> <td>5238.37</td> </tr> </tbody> </table>				Payment made by:	Check No.	Date Paid	Amount Paid	Echeck	CC005440002	10-19-23	\$5,238.37	TOTAL AMOUNT PAID (sum of the above amounts)			5238.37
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CITY TAX OFFICE DEC 15 2023 Received POP	SIGNATURE OF REQUESTOR (REQUIRED):		PRINTED NAME & DATE													
	[Signature]		DAVID VAZQUEZ													
TAX OFFICE USE ONLY:		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 12-14-23														