

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

AGENDA DATE: February 13, 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:


Maria O. Pasillas

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

TAX REFUNDS
February 13, 2024

1. MJ Real Properties Inc, in the amount of \$8,103.19 made an overpayment on August 25, 2023 of 2022 taxes.
(Geo. #95)
2. El Paso Paper Boy, in the amount of \$3,621.13 made an overpayment on January 17, 2024 of 2023 taxes.
(Geo. #1995-999-1288-0034)
3. Lily Dominguez, in the amount of \$6,946.13 made an overpayment on January 22, 2024 of 2023 taxes.
(Geo. #N425-999-0390-2400)
4. Border Investors Capital LLC, in the amount of \$6,296.13 made an overpayment on January 23, 2024 of 2023 taxes.
(Geo. #S779-000-0200-1300)
5. Lorena Ortiz, in the amount of \$3,721.19 made an overpayment on December 25, 2023 of 2023 taxes.
(Geo. #T527-999-0410-8800)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

TAX OFFICE
RECEIVED

JAN 25 2024

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

OP
+2500

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: MJ Real Properties Inc. ✓		Phone: HOME: WORK: 915-590-2444		Property ID# (One application per account) Unknown 95	
Address (mail refund to): 1151 Kessler Dr El Paso, TX 79907 ✓		Property Address: And/or Legal Description: Unknown			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2022	08/25/2023	Online 08/25/2023		\$8,103.19	\$8,103.19
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				\$8,103.19	\$8,103.19 ✓

(City Council approval required if over \$2,500)

REQUIRED. Copy of original receipt, front & back of negotiated check, OR
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: When making the payment for Acct. NO. S56-2002-0230-0400 The amount that comes c
by mistake and a payment for \$8,103.19 and the amount owed of \$486.72 were both paid at the same time. I am attaching proof
statement showing the total of both amount of \$8,589.91

"I certify that information given to obtain this refund is true and correct."

Requestor signature: *LB* Date: 1/25/24
 Printed name: Lorena Bolanos Title: Office Manager

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after
the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry: (☒) REFUND APPROVED

Tax Office Approval: *JMC 1/29/24* Date: 1-29-24
 (Placed on City Council Agenda over \$2,500)

- () DISAPPROVED () Returned to sender () See below/attached
 () Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
 () Record of overpayment not found on this property.
 () Property not found as identified, resubmit after correction.
 () Other: _____



TAX OFFICE
RECEIVED

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

JAN 29 2024

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

EL PASO PAPER BOX INC
C/O PAUL MALOOLY
24 ZANE GREY ST
EL PASO, TX 79906-5226

OP
+2500

Geo No. 1995-999-1288-0034	Prop ID 519776
Legal Description of the Property INV CMP FURN MACH SIGN 24 ZANE GREY ST OWNER: EL PASO PAPER BOX INC	

2023 OVERAGE AMOUNT \$3,621.13

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>El Paso Paper Box</u>			
	Address: <u>24 Zane Grey St</u>			
	City, State, Zip: <u>El Paso TX 79906</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) 474-1394</u>		E-Mail Address: <u>rivero@epboxinc.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<u>SEE ATTACHED COPIES</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 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.	<input type="checkbox"/> 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>Ruben Rivero 1/29/24</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>1-29-24</u>				

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

CITY TAX
OFFICE

JAN 25 2024

OP
+2500

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APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: LILY DOMINGUEZ	Phone: HOME: 915 613-8325 WORK:	Property ID# (One application per account) 345665 N425-999-0390-2400		
Address (mail refund to :) 4641 LOMA LINDA	Property Address: And/or Legal Description: 4641 LOMA LINDA			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	01/22/2024	1232	\$6,946.13	\$6,946.13
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)				\$6,946.13

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

BANKING ERROR

"I certify that information given to obtain this refund is true and correct."

Requestor signature:

Date: Jan 25, 2024

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after
the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

(X) REFUND APPROVED

Tax Office Approval:

Date:

(Placed on City Council Agenda over \$2,500)

- () DISAPPROVED () Returned to sender () See below/attached
() Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
() Record of overpayment not found on this property.
() Property not found as identified, resubmit after correction.
() Other:

TAX OFFICE
RECEIVED

JAN 25 2024

OP
+2500 ✓THE CITY OF EL PASO CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: Border Investors Capital LLC ✓	Phone: HOME: (915) 855-8236 WORK:	Property ID# (One application per account) 707919 5779-000-0200-1300		
Address (mail refund to): PO Box 960277, El Paso, TX 79996-0277 ✓	Property Address: And/or Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	01/23/2024	E-Check 01/23/2024	\$6,296.13	\$6,296.13
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			\$6296.13	\$6,296.13

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR
bank statement showing item cleared (both the bank & taxpayer name must appear)REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Investors
Capital LLC. This is not property of Border Investors Capital LLC.

"I certify that information given to obtain this refund is true and correct."

Elizabeth Pino

Requestor signature:

Elizabeth Pino

Printed name:

Date:

1/25/2024 ✓

Acct Manager ✓

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both
(2) Imprisonment up to one year, or fine not over \$3,000, or both (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after
the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c))

TAX OFFICE Entry:

(✓) REFUND APPROVED

Tax Office Approval:

N.H.
Junc 1/29/24

Date:

1-29-24 ✓

Date:

(Placed on City Council Agenda over \$2,500)

- () DISAPPROVED () Returned to sender () See below/attached
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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

JAN 08 2024

LORENA I ORTIZ
1449 PEDRO FIGARI
EL PASO, TX 79936

OP
+2500

Geo No. T527-999-0410-8800	Prop ID 133362
Legal Description of the Property 41 TOBIN PARK #2 LOT 30 5703 LEXINGTON RD	
OWNER: ORTIZ LORENA	

2023 OVERAGE AMOUNT \$3,721.19

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: Lorena Ortiz			
	Address: 1449 Pedro Figari			
	City, State, Zip: El Paso TX 79936			
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:	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Echeck	5645387	12-29-23	\$3,721.19
	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	
	[Signature]		Lorena Ortiz	
CITY TAX OFFICE JAN 22 2024 Received POP				
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.I. Date: 1-23-24				