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

AGENDA DATE: April 23, 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.

A refund to Tax Star Escrow, in the amount of \$3,919.93 for an overpayment made on January 24, 2024 of 2023 taxes, Geo. # H413-999-0040-1900. 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: Show R. Mack for Maria O. Pasillas

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

TAX OFFICE RECEIVED

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300 El Paso, Texas 79901 APR 0 2 2024

0P +2500

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

APPLICATION FOR TAX REFUND

The Con	solidated Tax Office col	lects proper	ty taxes for all eli	gible proper	ty taxing entiti	es within El Paso County.		
APPLICANT MUST PRO	VIDE THE FOLLOWING INF				14413-	4413-999-0040-1906		
Refund To: Stand 100 Stand ESCHOUND		HOME: 915) 20-4/337 WORK:			Property ID# (One application per account) 13474			
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Tax year requested:	Date payment made:	Check No. 8	Date, if known:	Amount of t	taxes paid:	Amount of refund request	ep:/	
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2.	1 1							
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(City Council approval required if over \$							0)	
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Requestor signal	ture: Ralind	5			ina. Sena	4-2-3024 Manager	/	
Printed name:	· ·				Title:	<i>U</i>		
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() Other:					~ 			
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