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

DEPARTMENT: Tax Office

AGENDA DATE: April 13, 2021 PUBLIC HEARING DATE: N/A

CONTACT PERSON 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 A)

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?

N/A

DEPARTMENT HEAD:

ana V. Tapillas

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

TAX REFUNDS April 13, 2021

- Blas Cano, in the amount of \$2,689.05, made an overpayment on February 28, 2021 of 2020 taxes. (Geo. # C702-000-000A-0600)
- Fidelity National Title Agency Inc., in the amount of \$3,348.69, made an overpayment on February 1, 2021 of 2020 taxes. (Geo #D452-999-0010-0100)

lack for Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

		TAX OFFICE RECEIVED
MARIA O. PASILLAS, RT. CITY OF EL PASO TAX ASSESSOR C 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.el		MAR 2 5 2021
	Geo No. C702-000-000A-0600	Prop ID 95122
BLAS CANO 1230 LAS POMPAS RD SAN ELIZARIO, TX 79849	Legal Description of th A COBOS CLINT 6 TO 9 13145 ROBERT ALVAR	(9600 SQ FT)
SAN ELIZARIO, IA 19649	OWNER: MIA PROPERT	

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 PROPERT	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.	Name: Blas Cano	· · · · · · · · · · · · · · · · · · ·				
Show information for whomever will be receiving	Address: 1116 E. California Aup					
	Daytime Phone No.: (915) 373-4206					
Step 2. Provide payment	Payment made by: Check No.	E-Mail Address: Los fres Canos Ogmail for Date Paid Amount Paid				
information.						
Please attach copy of cancelled	Echeck (COO36446 04	13 2/28/21 \$2689.05				
check, original receipt, online payment confirmation or						
bank/credit card statement.	TOTAL AMOUNT PAID (sum o	f the above amounts)				
and a state of the	Please check one of the following:					
this refund.	I paid this account in error and I am entitled to the re	efund.				
Please list any accounts and/or years that you intended to pay	X 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.	By signing below, I hereby apply for the refund of the above	ve-described taxes and certify that the information I				
Unsigned applications cannot	have given on this form is true and correct. (If you make a false statement on this application, you could be found					
be proceeded.	guilty of a Class A misdemeanor or a state jail felony unde	er the Texas Penal Code, Sec. 37.10.)				
4521	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE				
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1 MILL 0 2 201	da P	Print Date: 03/02/2021				

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Applied Total \$40,142.56				Арр	lied T	otal	\$40,142.56			Sand Contractions of	

	TAX OFFICE RECEIVED
MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300	MAR 2 9 2021 Llector
221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpa	
	Geo No. Prop ID // D452-999-0010-0100 670856
	Legal Description of the Property 7 BLK 1 DESERT SOUTH LOT 1
FIDELITY NATIONAL TITLE AGENCY INC	7860 N MESA ST 79938
7 2500	OWNER: RKMS EL PASO #3 LLC
	2020 OVERAGE AMOUNT \$3 348 69

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 me	ust be completed, signed, and	submitted with supporting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:						
show information for	Name: RKMS EL PASO #3LLC -						
whomever will be receiving	Address: 1900 West Loop South # 1250						
the refund.	City, State, Zip: Hustn		27				
	Daytime Phone No.:		E-Mail Address: cwing@read-king.com				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid Amount Paid				
Please attach copy of cancelled	Fiddity Network T. Hu	518016483	Jenvery 24,0001 \$ 51,187.27				
check, original receipt, online payment confirmation or	1 and 1 and 1		and 3 allows 1.				
bank/credit card statement.	TOTAL AM	OUNT PAID (sum of the	e above amounts)				
Step 3. Provide reason for	Please check one of the following:						
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	1 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 bee	en applied to other tax account	ount(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot			escribed taxes and certify that the information l se statement on this application, you could be found				
be processed.	guilty of a Class A misdemeanor or a						
0 1 1	SIGNATURE OF REQUESTOR (RE	EQUIRED) PI	RINTED NAME & DATE				
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