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

**AGENDA DATE:** 

**PUBLIC HEARING DATE: August 3, 2021** 

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 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?

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? \_X\_YES \_\_\_NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD: Show R. Macia O. Posillas

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

Revised 04/09/2021

## **TAX REFUNDS** Aug 3, 2021

1. TexTape, Inc., in the amount of \$4,086.38, made an overpayment on January 4, 2021 of 2020

	taxes.
	(Geo. #R700-999-0010-0100)
2.	Circle K Stores, Inc., in the amount of \$5,330.15, made an overpayment on January 30, 2021 of 2020 taxes.  (Geo. #0824-999-0908-0034)
3.	The Hillman Group, in the amount of \$3,900.94, made an overpayment on November 20, 2020 of 2020 taxes.  (Geo. #08SS-999-1088-2134)
	Shark Mack for Maria O. Pasillas
	Laura D. Prine Maria O. Pasillas, RTA

Tax Assessor Collector

City Clerk



RECEIVED

JUN 21 20

## 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 www.elpasotexas.gov/tax-office

CIRCLE K STORE INC P.O. BOX 52085 PHOENIX, AZ 85072



 Geo No.
 Prop ID

 0824-999-0908-0034
 453634

Legal Description of the Property
#1373 (NV FURN CMP MACH SIGN

10650 N GATEWAY BLVD

TAX OFFICE RECEIVED

JUL 2 1 2021

OWNER: CIRCLE K STORES INC

2020 OVERAGE AMOUNT \$5,330.15

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.

Step 1. Identify the refund recipient.	Who should the refund be issued to:								
	Name: Circle K Stores, Inc.								
Show information for whomever will be receiving	Address: PO Box 52085, DC-17								
ne refund.	City, State, Zip: Phoenix, AZ 85072								
	Daytii	me Phone No.: (602) 728	3-8000	E-Mail Address: bleach@circlek.com					
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled heck, original receipt, online hayment confirmation or hank/credit card statement.	Circle K Stores, Inc.		Online Payment Conf #3	573678 01/30/21	5,330.15				
	Circle K Stores, Inc.		Online Payment Conf #35	66944 01/30/21	5,330.15				
	TOTAL AMOUNT PAID (sum of the above amounts)								
Step 3. Provide reason for	Please check one of the following:								
this refund.	I paid this account in error and I am entitled to the refund.								
Please list any accounts and/or years that you intended to pay	X	X I overpaid this account. Please refund the excess to the address listed in Step 1.							
vith 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.)								
0	SIGN	ATURE OF REQUESTOR	(REQUIRED)	PRINTED NAME & DATE					
he 7/21/21 Brian Leach			Brian Leach 07	7/21/21					
TAX OFFICE USE ONLY:	V	Approved Denied	By:	Date:	ROSIRIFO	_			

Print Date: 07/15/2021

Notes

GolTon

ANDREA ACT80122 v1.90

07/21/2021 15:23:48 ACTEP

40100122 11.30

DEPOSIT Remittance

Detail

Summary Query

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. E002012198 | 082499909080034 |

heck/Receipt Receipt Remit Check Payment Applied Transaction Account

Deposit No.		Account No.			Remit Seq No.		Che	Check No.		Payment Amount	Payment Agreement No	
EC	02012198	082499909080034 Receipt Remit Check Date Seq No No.										
Check Image	Receipt s Deposit No.				Payme Type	ent Payment Amount	Applied Tr Amount				Payer	
	EC02012198	01/30/2021	46630455	CC003573682	VEC.	\$5,330.15	-	\$5,330.15	LG	082499909080034	29411489-CIRCLE K STO	
	EC02012198	01/30/2021	46629790	CC003566944	EC	\$5,330.15	L	\$5,330.15	PA	082499909080034	29410828-CIRCLE K STO	
	EC01212098	01/21/2020	43048465	CC002791615	EC	\$5,513.27		85,513.27	PA	082499909080034	27971878-CIRCLE K STO	
	A02061986	01/31/2019	40847488	10301257	CH	\$932,635.65		\$7,749.32	Pi	082499909080034	1735884-CIRCLE KISTOR	
*	T01221846011	01/22/2018	37197548	52954	CH	\$851,153,05		\$8 655 72	₽±	082499909080034	VALERO CORNER STORE	
	RD2774492	06/29/2017	31315605	0000205829	CH	3901 03-		\$901.02-	RD	082499309080034	28581811-VALERO COR	
	RD2774492	08/29/2017	28532782	0000205829	СН	\$307.82-		\$307.62-	RE	062499909080034	26581811-VALERO COR	
	RD2774597	06/29/2017	24781221	0000205932	CH	8957.84-		\$957.34-	RD	082499909080034	25581811-V 4LERO COR	
	RD2731442	04/12/2017	24434821	0000203482	¢н	3972/11-		\$572.11-	RI	082499909080034	294968114V4LERO COR	
	R0170613	01/31/2017	34781221	80410924	СН	\$957.64		8897.84	TR	082499969080034	25581811-VALERO COR	
	RC170813	01/31/2017	34781221	80410924	CH	\$957.84-		5957.84-	TR	082499909080634	VALERO CORNER STORS	
	RF170603	01/31/2017	34781221	60410924	СH	\$0.00		30.00	DA	082499909080034	23822177-0ST SERVICES	

Applied Total

8111,812,84



JUN 2 0 2021

## 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 www.elpasotexas.gov/tax-office

HILLMAN GROUP THE INC 8990 S KYRENE RD TEMPE, AZ 85284-2907



 Geo No.
 Prop ID

 08SS-999-1088-2134
 518517

 Legal Description of the Property

LEASED MACH IN TDC 34

MISC FILE NO. 34

OWNER: HILLMAN GROUP THE INC

2020 OVERAGE AMOUNT \$3,900.94

1. CITY OF EL PASO, 3. EL PASO ISD, 6: COUNTY OF EL PASO, 7. EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTUR OF EL PASO

#### Dear Taxnaver

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.

TY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be val	lid.							
Who should the refund be issued to:								
Name The Hilman Worp								
Address: 10570 Ham Hon Are								
City. State. Zip: Cincinnati OH 45231 Cnastal Galage R								
Payment made by: Check No. Date Paid Amount Paid								
913152 1100/20 10190.84								
	1							
11017								
Please check one of the following:								
I paid this account in error and I am entitled to the refund.								
•								
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	1							
have given on this form is true and correct. (If you make a false statement on this application, you could be found quilty of a Class A misdementor or a state in falony under the Texas Benefic Code. Sec. 37.10.)								
	1							
Motal Golden Child byldon 11151203	21							
	./							
	V							
	Who should the refund be issued to:  Name: The In Man Goup  Address: 10570 Jam. Hon Issue  City. State. Zip: Cincinnati Off 45231  Daytime Phone No. 513 826 537, E-Mail Address: Inilimia notice  Payment made by: Check No. Date Paid Amount Paid  913157 II bo/do (6190.84  913896 II 12/20 9024.84  TOTAL AMOUNT PAID (sum of the above amounts)  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.  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):  By signing below. I hereby apply for the refund of the above-described taxes and certify that the information							

Print Date: 06/08/2021

p Deposit Status **Notes** Go To 07/21/2021 13:41:25 ANDREA ACTER ACT80122 v1.90 DEPOSIT Remittance Detail **Summary Query** Payment Agreement No Account No. Remit Seq No. Check Payment Amount Deposit No. 088899910882134 T11122000010 Account Payment Payment Applied Transaction Remit Check Check/Receipt Receipt Payer Amount Type No. Amount Date Type Images Deposit No Seq No. No. \$6,190.84 53 900 94 LG 08SS99910882134 X1120202000 11/20/2020 44961117 13152 CH \$9,024.84 \$3,900.94 PA 08SS99910382134 11/12/2020 44865208 12896 T11122000010 \$4,294,44 A# 088899910882134 12/24/2019 42398194 00900928 CH \$10.224.52 A12241992 \$2,119.16 PA 089899910882124 \$9,138,35 \* 12/21/2018 39426204 84392 CH T12241800001 \$5,127,58 33,063 06 PA | 088599910882134 A112017 11/20/2017 | 28019700 00883301 CH \* \$4,589.06 \$2,800 15 PA 089899910882124 X1118182000 11/18/2018 23081418 39532 CH

CH

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Applied Total

54.052.63

\$4,414.66

\$1,608.83

\$2,088,34

\$1.387.92

\$1,120.02

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X1128152001

X1114142800

X1211132000

X1113132005

K1104112000

K1022102001

11/20/2015 | 29988002

11/14/2014 28940440

12/11/2013 24384905

11/13/2012 21488109

11/04/2011 19009280

10/22/2010 118828720

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**Summary** 

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\$482.52 PA 085599910882124

5209 80 PA 065599910882124

\$27.501.26

JUL 1 2 2021

## 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 www.elpasotexas.gov/tax-office

Prop ID R700-999-0010-0100 116181

Legal Description of the Property

1 ROCKET WAREHOUSE PARK #3 1 (EXCINLY & SELY PTS1 (16.1265 AC)

AMEEN AVE 79924

OWNER: TEXTAPE INC

2020 OVERAGE AMOUNT \$4,086,38

LONE STAR COMPANY OF EL PASO INC **6701 N MESA** EL PASO, TX 79912

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpaver:

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	RTV 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	Name: TexTape, Inc. Attn: Douglas E. Scott								
whomever will be receiving	Address: 915 Pendale Rd.								
the refund.	City, State, Zip: E1 Paso, TX 79907								
	Daytime Phone No.: 915-595-1525 E-Mail Address: dscott@textape.com								
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	Lone Star Title Company of El Paso 389 35 1421 \$13,950.58								
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 with this overage.									
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 7/16/21 By	SIGNATURE OF REQUESTOR (REQUIRED) Lone Star Title Company of El Paso  July 7, 2021  Pearl M. Burkett, Executive Assistant/Escrow Officer								
TAX OFFICE USE ONLY:	Approved Denied By: Date: 0715000								

v52.1.7

Print Date: 06/08/2021

