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

AGENDA DATE:

PUBLIC HEARING DATE: October 12, 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

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

	ADT	MENT		~
HEP.		инкі	HEAL	

Maria O Papillas

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

TAX REFUNDS October 12, 2021

Stewart Title Company, in the amount o 2020 taxes. (Geo. #S237-999-0400-2500)	f \$4,165.96 made an overpayment on April 27, 2021
	Maria O. Pasillas
Laura D. Prine City Clerk	Maria O. Pasillas, RTA Tax Assessor Collector



MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STF, 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Gen No. \$237-999-0400-2500

Prop ID 251909

Print Bare: 69/20/2021

Legal Description of the Property 40 SCOTSDALE#3 LOT 3

3208 DRUMOND RD

OWNER: MCCULLEY RICHARD M & 2

2020 OVERAGE AMOUNT \$4,165.96

11 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 Taxpayer:

STEWART TITLE COMPANY 2244 TRAWOOD STE 101 EL PASO, TX 79935

ARREST A CAMBLESON REPORTED TO A PROPERTY OF

Cur 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 as count 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 d d 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 it is 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.

tep 1. Identify the refund	Who should the refund be issued to:				
recipient. Show information for	Name: STENART TITE				
homever will be receiving	Address: 2244, TRawood #101				
the refund.	City. State, 7:19: E14930, TX 79935				
	Daylime Phone No.: 915-225-8400 F-Mail Address: Cotralich & FE				
tep 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid				
information.	Char 78223 4/27/2021 \$4,16594				
ease attach copy of cancelled beck, original receipt, online	Char 7000) 1/17/00 04/162014				
syment confirmation or					
nk/credit card statement.	TOTAL BINGERS TATE (Sum of the MONY 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:				
	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), eserow (listed below):				
Step 4. Sign the form. Lusigned applications cannot 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 juil felony under the Texas Ponal Code, Sec. 37.10.)				
	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE				
E.M 9/29/21	O.O. Freelick 9/20/=				
SAC 1	I love aprel 21				
TAX OFFICE USE ONLY:	Approved Denied By: Date:				

