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

AGENDA DATE:

PUBLIC HEARING DATE: November 9, 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

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DEPARTMENT HEAD: Maia O. Pasillas

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

TAX REFUNDS November 9, 2021

Corelogic Tax Services, in the amount of 2020 of 2020 taxes. (Geo. # V893-999-4540-2200)	\$3,419.49 made an overpayment on December 1
(000.11 1000 000 1010 1100)	
	Maria O. Pasillas
Laura D. Prine	Maria O. Pasillas, RTA
City Clerk	Tax Assessor Collector



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

TAX OFFICE RECEIVED OCT 20 2021

Geo No. V893-999-4540-2200 Prop ID 282958

Legal Description of the Property

454 VISTA DEL SOL #96 LOT 22 5670.00 SQ

11802 SCOTT SIMPSON DR

OWNER, HERRERA EDWARDO & MARGARITA \$

2020 OVERAGE AMOUNT \$3,419.49

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9. SOCORRO ISD

Dear Taxpayer:

CORELOGIC

PO BOX 9205

COPPELL, TX 75019-9214

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	Who should the refund be issued to:
recipient. Show information for	Name: Corelogic Tax Services
whomever will be receiving	Address: P O Box 9202
he refund.	City, State, Zip: Coppell, TX 75019
(3)	Daytime Phone No.: 817-699-2106 E-Mail Address: Shenshwetha@corelogic.com
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information. Please attach copy of cancelled heck, original receipt, online	20124123540 1215/20\$241,485,823.5
payment confirmation or pank credit card statement	TOTAL AMOUNT PAID (sum of the above amounts)
Step 3. Provide reason for his refund. Please list any accounts and/or rears that you intended to pay with this overage.	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):
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 fou guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)
Auc 10/21/21	SIGNATURE OF REQUESTOR (REQUIRED) Shwetha Shenoy PRINTED NAME & DATE Shwetha Shenoy 10/15/2021

