



## Legislation Details (With Text)

<b>File #:</b>	21-8	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Applications for Tax Refunds	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	12/18/2020	<b>In control:</b>		City Council	
<b>On agenda:</b>	1/5/2021	<b>Final action:</b>			
<b>Title:</b>	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 B)				
<b>Sponsors:</b>					
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. 16. Refunds over \$2500 21-8				

Date	Ver.	Action By	Action	Result
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## CITY OF EL PASO, TEXAS AGENDA ITEM SUMMARY FORM

### All Districts

Tax Office, Maria O. Pasillas, (915) 212-1737

**PUBLIC HEARING DATE:** Click or tap to enter a date.

### **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 B)

### **BACKGROUND / DISCUSSION:**

*Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of he 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?*

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.

**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 amount numbers and description of account. Does it require a budget transfer?*

N/A

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**Department Head:**

*If Agenda Item Summary Form is initiated by Purchasing, client department should sign also*