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

DEPARTMENT:

Tax Department

AGENDA DATE:

January 22, 2019

CONTACT PERSON NAME AND PHONE NUMBER: Maria Pasillas, Tax Assessor Collector, 212-1737

DISTRICT(S) AFFECTED: All

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.

Approve property tax overpayment refunds, greater than \$2,500.00

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?

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

N/A	
	RD / COMMISSION ACTION: appropriate comments or N/A
N/A	

DEPARTMENT HEAD:

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

Information copy to appropriate Deputy City Manager

TAX REFUNDS January 22, 2019

1.	AKA Laurice Enterprises LLC, in the amount of \$12,404.84, made an overpayment on December
	25, 2018 of 2018 taxes.
	(Geo. #X18599900009750)

2. Victor Rodriguez, in the amount of \$2,763.51, made an overpayment on January 2, 2019 of 2018 taxes. (Geo. #E05499902203100)

3. Victor Rodriguez , in the amount of \$2,588.37, made an overpayment on January 2, 2019 of 2018 taxes. (Geo. #190099900302400)

4. National Tax Search, LLC, in the amount of \$12,553.47, made an overpayment on December 21, 2018 of 2018 taxes.

(Geo. #E05499905300500)

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, STE 300 EL PASO, TX 79901

TAX OFFICE RECEIVED

JAN 07 2018

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

LAURA KEITH PO BOX 16224 FORT WORTH , TX 76162 of 2500,

Geo No. X185-999-0000-9750 Prop ID 220927

Legal Description of the Property

JOHANNSEN SURV #185 ABST 2789 TR 20-B (2.155 AC)

6008 DONIPHAN DR

OWNER: AKA LAURICE ENTERPRISES LLC

2018 OVERAGE AMOUNT \$12,404.84

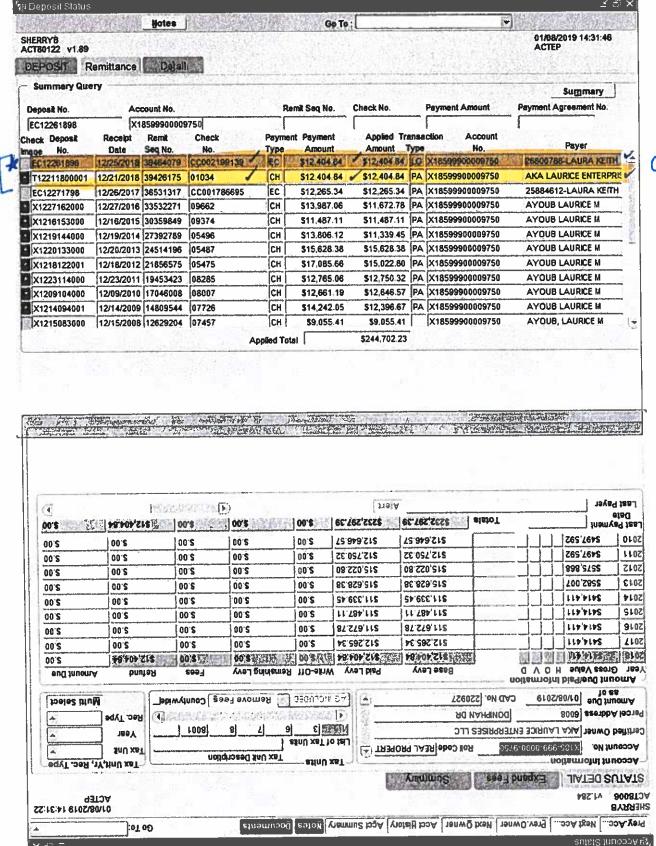
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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 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: AKA Laurice Enterprises LLC (26881627)
Show information for whomever will be receiving	Address: Popor 16224
the refund.	City, State, Zip: Fort Worth, TX 76/62
	Daytime Phone No.: 9172338848 E-Mail Address: 41 Merware Wichouse
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information.	
Please attach copies of	Laura Keith 1034 12/24/18 1812404.84
cancelled checks, bank	Laura Keith ALH Debit 12/27/18 \$12404.84
statement or original receipts for all cash payments you made	THE THE THE TENT OF THE TENT O
0.07100.00.00.00.00.00.00.00.00.00.00.00.00.	Please check one of the following:
Step 3. Provide reason for 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	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-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
Unsigned applications cannot be processed.	guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)
G. J. A	
que be	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
1/8/19	Laura Keith 12/31/2010
	Amroyed Denied By: 5300th Date: 01/08/19 V
TAX OFFICE USE ONLY:	Approved Denied By: Sooth Date: 01/07/19

Print Date: 12/27/2018



Deposit Status Go To : 3 Notes 01/08/2019 14:31:46 ACTEP SHERRYB ACT80122 v1.89 DETAIL Remittance Detail Penaty & Attorney Řec Applied Refund Unit Year Type 8001 2048 TL Interest Fees Discount Account No. Amount Levy \$0,00 \$12,404,84 \$0.00 \$12,404.64 \$0,001 \$0.00 X18599900009750 \$0.00 \$12,404.84 50.00 \$0.00 Applied Total \$12,404.84 \$0.00



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

JAN 0.7 2019

Geo No. Prop ID E054-999-0220-3100 309394

Legal Description of the Property 22 EAST GLEN LOT 16

11156 CUTTY SARK DR

OWNER: RODRIGUEZ VICTOR M

2018 OVERAGE AMOUNT \$2,763.51

Print Date: 01/03/2019

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 Taxpayer:

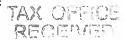
VICTOR RODRIGUEZ 1729 TRAWOOD DR EL PASO, TX 79925

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 must be completed.	, signed, and submi	tted with sup	porting documentation to be val	id.			
Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name: VICTOR RODZIGUEZ	/	3334	V-2-04-04-1				
whomever will be receiving	Address: 1729 TRAVIDOS Da.							
the refund.	City, State, Zip: El Paso, Tx 7							
	Daytime Phone No.: 915-269-9232	E-M	ail Address	VEBRICHAYEGM	HIC CO			
Step 2. Provide payment	Payment made by: Chec	k No. Dat	e Paid	Amount Paid	7 4			
information. Please attach copies of cancelled checks, bank statement or original receipts		1/3	/19	12,763.51				
for all cash payments you made	TOTAL AMOUNT PAID (sum of the abov	e amounts					
for all cash payments you made Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	I paid this account in error and I am entitled to I overpaid this account. Please refund the exc I want this payment applied to next year's taxe This payment should have been applied to oth	ess to the address	Z	of				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the have given on this form is true and correct. (If you regulty of a Class A misdemeanor or a state jail felon SIGNATURE OF REQUESTOR REQUIRED)	make a false state by under the Texa PRINTE	ment on th	is application, you could be to de, Sec. 37.10.) & DATE				
TAX OFFICE USE ONLY:	Approved Denied By:	oth	_ Date:	01/07/19				

	Date Depart Dep	Surr	mmary Que	ry					WEST OF	725 - 160 F)	17,0					Summary	1
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Prop ID

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

VICTOR RODRIGUEZ 1729 TRAWOOD DR EL PASO, TX 79925

1900-999-0030-2400 227811 Legal Description of the Property 3 IVANHOE S 29.17 FT OF 6 (3460 SQ FT) 3104 WAYSIDE DR-E

OWNER: RODRIGUEZ VICTOR M

Geo No.

2018 OVERAGE AMOUNT \$2,588.37

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 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		mpleted, signed, and	submitted with su	pporting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient.	Name: VILTER RODALLANCE	2/						
Show information for whomever will be receiving	Address: 1729 TEANSON D.							
the refund.	City, State, Zip: 2/ Paro, +4	79125						
	Daytime Phone No.: 915-269-923	2	E-Mail Address	S:VRBORIGUANE & GITTAK				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copies of			1/3/19	\$ 2588.37				
cancelled checks, bank			17					
statement or original receipts for all cash payments you made	TOTAL AMOUNT	PAID (sum of the	ahove amounts	0				
Step 3. Provide reason for	Please check one of the following:							
this refund.	I paid this account in error and I am er	ntitled to the refund	1.					
Please list any accounts and/or years that you intended to pay	I overpaid this account, Please refund	the excess to the a	ddress listed in S	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. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refu have given on this form is true and correct. (guilty of a Class A misdemeanor or a state ja	If you make a fals	e statement on ti	his application, you could be found				
1/8/19	SIGNATURE OF REQUESTOR REQUIRE		INTED NAME ACTIK COD	1 1 -				
TAX OFFICE USE ONLY:	Approved Denied By:_	Shooth	Date:	01/07/19				

80122 v1.89 POSIT R	emittance	Detail				11					ACTE		4:32:06	
Summary Que	ry								THE REAL PROPERTY.	Ē	1000	Sumi	nary	
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ck Deposit	Receipt	Remit	Check	Paym	nent Paymeni	t Applie	sanarT b	action	Account			_		
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C01021998	01/02/2019		CC002239214	EC	\$2,588			19009990		our Person	-		OR ROD	-
C12311898L	12/31/2018	-	CC002227453		\$28,252.		Charles prove	19009990		-	-		OR ROD	-
C01021868	12/29/2017		CC001806190	EC	\$2,522			19009990					OR IJ RO	- 39
C01231768C	01/24/2017		CC001500475	EC	S23.193			19009990		-			OR M RC	- 10
C01041698	12/31/2015	p	CC001155573	EC	\$2,349			19009990					OR M RO	-
C01121541	01/12/2015		CC000920004	CR	\$2,320			19009990					OR N RO	
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112150020001	12/10/2012		3390228		\$44,510,440			19009990					SERVIC	Aglituy
111150010001	12/12/2011		7644432		549.615,094			19009990					SERVIC	_
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्रिम Deposit Status Go To Notes 01/07/2019 14:32:06 ACTEP SHERRYB ACT80122 v1.89 Deposit Remittance DETAIL Remittance Detail Репаку & Attorney Tax Rec Applied Unit Year Type 8001 2018 TL Refund Discount interest Fees Account No. Amount Levy \$2,588.37 \$0.00 \$0.00 \$0.00 \$0.00 \$2,588.37 190099900302400 \$0.00 50.00 \$2,588.37 Applied Total \$0.00 50.00 52,588.37

12500 J

Application for Tax Refund-WebVer

TAX OFFICE RECEIVED

DEC 26 2018

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Sulte 300 El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108

			CATION FOR T				
	solidated Tax Office co		ty taxes for all elig	ible propert	y taxing entities	within El F	aso County.
	IDE THE FOLLOWING INF	ORMATION:					
Refund To:		Phone:			Property ID# (Or	e application (per account)
		HOME:			1		
National Tax Search	, LLC	WORK: 3	12-334-2028		E0549990530		1 220
			12 00 1 2020		1		# 162038
Address (mail refund to):)	Property Ad	idress:	<u> </u>	N		
-		And/or	44290 DEE	DIC 11111	BLVD, EL PAS	O TY	
		Legal Desc	ription:	IDLE HILLS	BLVD, EL FA	30, 17	
		}					
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of	taxes paid:	Amount o	f refund requested:
1. 2018	12/18/2018	28018	12/17/2018	219,685.8	39	12,553.4	7 3/
2.							
3.	<u> </u>						
	TOTAL AMOU	JNT (sum of t	he above amounts)			12553.47	7
					(City Council oppi	oval require	ed if over \$2,500)
	<u>REQUIRED:</u>	Copy of orig	ginal receipt, front	& back of i	negotiated chec	k. OR	
	bank statemer	it showing it	tem cleared (both i	the bank &	taxpayer must d	appear)	
REASON FOR OV	ERPAYMENT:	An adjust	mnt on the tax bill	took place	70.7		
			Control of the Contro	1 - 2 - 3 - 5 - 4	49		
		·					
		· · · · · · · · · · · · · · · · · · ·					
"I certify that in	formation given to ob	tain this re	fund is true and o	orrect "			
	omanon givon to ob	10111 (111010)		077001.			
1 1	_						V
Mule	les pm	0			Date:	12-0	36-3018
Requestor signa	ture:				_		
Nicole Demus					Ca	ish Manag	ment Refund Analyst
Printed name:					Title:		
,	Any person knowingly subm	itting false ent	ries is subject to: (1) tr	nprisonment (of 2 to 10 years, or	\$5,000 fine. o	or both.
(2) Imprisonment	up to one year, or fine not	over 52,000, ai	both. (Sec 37.10 Репо	l Code) An ap	plication for a refui	nd must be n	rade within 3 years after
	the date of	the payment o	r the taxpayer waives	the righto the	refund (Sec 31.11	(c)).	
TAX OFFICE Entry:	(V) REF	UND APPRO	VED		,		
					03		. 1
Tax Office Approval	SBooth					Date:	12/26/18
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Day 0	- /	1 3	· · · · · · · · · · · · · · · · · · ·		Date:	- 7 7.0
	Huc.	12/2	1118			Date:	
(Placed on City Co	uncil Agenda over \$2,5	(00)				Dute;	
() DISAPPROVE		urned to ser	nder ()	See below/	attache -		
H , ,	d documentation (Tax			Statement	attached		
() Record	of overpayment not fo	und on this	ntonertu	Jiaiement	, or Other) not	supmitted.	•
() Property	y not found as identifie	one on this	property.				
()Other:	The remain as mentille	.u, resubilit	arter correction.				
, comer:							
1							
							

TAX OFFICE RECEIVED

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Sulte 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108

DEC 26 2018

			CATION FOR			
The Con	solidated Tax Office co	llects prope	rty taxes for all eli	gible propert	y taxing en	itities within El Paso County.
APPLICANT MUST PRO	VIDE THE FOLLOWING INF	ORMATION:			<u> </u>	
Refund To:		Phone:			Property ID	# (One application per account)
		HOME:				, , , , , , , , , , , , , , , , , , , ,
National Tax Search	, LLC	WORK:			F054999	05300500
		1 WONN. 3	12-334-2028			00000300
Address (mail refund to	vil .	Company A	1-t			
130 S. Ve	O CESA	Property Ad	oress:			
130 3 00	HACI SON,	Legal Desc	11280 PE	BLE HILLS	BLVD, EL	. PASO, TX
Chicago, 1	1 Local	Legai Desc	приоп:			
Tax year requested:	Date payment made:	Obsoli Ma	8 D-4- 31	14		
1. 2018			& Date, if known:	Amount of to		Amount of refund requested:
	12/18/2018	28018	12/17/2018	219,685.8	9	12,553.47
2. 3.	 	<u> </u>				
ა.	TOTAL AMOUN	NE C				
	TOTAL AMOU	IN I (SUM OT II	ne above amounts)			12553.47
						approval required if over \$2,500)
	<u>REQUIRED:</u> (Copy of orig	iinal receipt, front	& back of n	egotiated a	check. OR
DE 1001 - 000 - 01	bank statemen	t showing it	em cleared (both	the bank & t	axpayer m	ust appear)
REASON FOR OV	ERPAYMENT:	An adjusti	mnt on the tax bill	took place.		
			· ·			
"I certify that info	ormation given to obt	aln this ref	und is true and o	correct "		
	-					
1 luão	.0					
- Nucl	leibha	Q 0-0			Date:	<u>12-26-2018</u>
Requestor signat	ure:			· · · · · · · · · · · · · · · · · · ·	1	
Nicole Demus						
						Cash Managment Refund Analyst
Printed name:					Title:	
A)	ny person knowingly submit	ting false entr	ies is subject to: (1) In	prisonment of	2 to 10 years	s, or \$5,000 fine, or both
(2) Imprisonment i	ip to one year, or jine not of	rer \$2,000, or i	both. (Sec 37.10 Pena	l Code) An apal	ication for a .	refund must be made within 2
(<u> </u>	the date of th	ne payment or	the taxpayer waives	the righto the r	efund (Sec 3)	1.11 (c)).
TAX OFFICE Entry:	() REFU	ND APPROV	/ED			
	-					
Tax Office Approval:	_					Date
						Date:
						0-4-
(Placed on City Cou	ncil Agenda over \$2,50	0)				Date:
() DISAPPROVED		ned to send	ter / \	an hal-wile		
() Required	documentation (Tax re	reint Cana	elad Charle Bask	see below/a	ttached	
() Record of	overpayment not four	nd on this n	conorty	statement, (or Other) n	ot submitted.
() Property	not found as identified	resubmit a	operty.			
() Other:		, , , , , , , , , , , , , , , , , , , ,	siter correction.			
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1520				10		

Applied Total

Go To :

\$3.540,819,76

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Payer

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	and xst	E054-999-0530-0500 Roll Code REAL PROPERT										Account No.	
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🧐 Deposit Status

Notes

्रिय Deposit Status Go To : Notes 12/26/2018 14:13:06 ACTEP SHERRYB ACT80122 v1.89 Deposit Remittance DETAIL Remittance Detail Attorney Rec Applied Penalty & Tax Unit Year Type Discount Interest Fees Refund Account No. Amount Levy \$0.00 S0.00 \$0.00 50.00 E05499905300500 01 2018 TL \$55,659.91 \$55,659.91 \$0.00 50.00 \$96,030.00 \$0.00 \$0.00 E05499905300500 05 2018 TL \$96,030.00 50.00 50.00 \$0.00 50.00 529,556.05 06 2018 TL \$29,556.05 E05499905300500 \$9,258.02 \$0.00 \$0.00 \$0.00 50.00 07 2018 TL 59,258.02 E05499905300500 08 2018 TL \$16,628.24 \$16,628.24 30.00 \$0.00 50.00 50.00 E05499905300500 E05499905300500 8001 2018 TL \$12,553.47 \$0.00 \$0.00 \$0.00 \$0.00 \$12,553.47 Applied Total \$219,685.69 \$207,132.22 50.00 50.00 50.00 512,553.47