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

**DEPARTMENT:** 

Tax Department

**AGENDA DATE:** 

January 23, 2018

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.

THAT the City finds that Stuart C. Cox showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2013 taxes and the tax refund in the amount of \$9.41 is approved.

#### **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?

A citizen has applied for a tax refund due to overpayment on December 31, 2013. The Property Tax Code Section 31.11 states that the Tax collector may issue a refund "within 3 years of the date of the payment" but that "the governing body of the taxing unit may extend the deadline for a single period not to exceed 2 years on a showing of good cause by the taxpayer.

#### 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?

|    | <br>_ |
|----|-------|
| N. | ^     |
| v  |       |
|    |       |

## **BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

N/A

**DEPARTMENT HEAD:** 

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

#### **RESOLUTION**

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Stuart C. Cox, Trustee ("Taxpayer") has applied for a refund with the tax assessor for their 2013 property taxes that were overpaid on December 31, 2013 in the amount of \$9.41 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2013 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

**THAT** the City finds that Stuart C. Cox, Trustee showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2013 taxes and the tax refund in the amount of \$9.41 is approved.

2017

| ADOFTED this                         | day of, 2017.                                 |          |
|--------------------------------------|---|----------|
|                                      | CITY OF EL PASO                               |          |
|                                      | Dee Margo<br>Mayor                            | <u>-</u> |
| ATTEST:                              |   |          |
|                                      | <del></del>                                   |          |
| Laura D. Prine<br>Interim City Clerk |   |          |
| APPROVED AS TO FORM:                 | APPROVED AS TO CONTEN                         | T:       |
| Sol M. Cortes                        | Maria O. Pasillas                             | -        |
| Sol M. Cortez                        | Maria O. Pasillas, RTA Tax Assessor/Collector |          |
| Assistant City Attorney              | i ax Assessor/Conector                        |          |

day of

ADODTED 4kie





OFFICE OCT 1 2 2017

# 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

STUART C. COX, TRUSTEE 1760 N. LEE TREVINO DR. EL PASO, TX 79936-0000

| Geo No.<br>H805-999-0040-0300 | 21697            |
|-------------------------------|------------------|
| Legal Description of the P    | roperty          |
| 4 HUECO CLUB ESTATES L        | OT 3 (4212.00 SQ |
| FT) 4024 HUECO LAND LN        |                  |
| OWNER. RIVAS JOSEFINA         | М                |
|                               | ALOUET CO 44     |

Print Date: 09/20/2017

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:

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 PROPERTY TAX REFUND

| Step 1. Identify the refund  | 0.11   | should the refund be issued                       | I to:                      | NEW YORK                  |  |  |  |  |
|--|--|---|----------------------------|---------------------------|--|--|--|--|
| recipient.   | Name   | Stuart /  | Cox Trus                   | tee                       | /  |  |  |  |
| Show information for whomever will be receiving  | Address: P.O. Box 210 City, State, Zip: Memohis, TN 38101  |   |                            |                           |  |  |  |  |
| the refund.  |  |   |                            |                           |  |  |  |  |
|  | Daytime Phone No.:   |   |                            | E-Mail Address:           |  |  |  |  |
| Step 2. Provide payment  | Paym   | ent made by                                       | Check No                   | Date Paid                 | Amount Paid  |  |  |  |
| information. Please attach copies of cancelled checks, bank statement or original receipts | 5/   | wart C. Cox, 1                                    | 7 222736                   | 12/31/13                  | 9.4/   |  |  |  |
| for all cash payments you made   | _  |   | AMOUNT PAID (sum           | of the above amounts)     |  |  |  |  |
| Step 3. Provide reason for   | Please check one of the following:   |   |                            |                           |  |  |  |  |
| 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); |   |                            |                           |  |  |  |  |
|  | 13-31034 Clm \$ 002  |   |                            |                           |  |  |  |  |
| Step 4. Sign the form. Unsigned applications cannot be processed.                          | have   |   | ind correct. ( If you make | a false statement on this | ertify that the information I<br>application, you could be found<br>, Sec. 37.10.) |  |  |  |
| EN1/89/12  | SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE to 2 17  |   |                            |                           |  |  |  |  |
| TAX OFFICE USE ONLY:   |  | Approved Denie                                    | ad By: Lu                  | Date:                     | 10(11/17   |  |  |  |
|  | -  |   |                            |                           |  |  |  |  |



### INTERNAL AUDIT OFFICE

Mayor Dee Margo

**City Council** 

District 1
Peter Svarzbein

District 2
Alexsandra Annello

District 3
Cassandra H. Brown

District 4
Sam Morgan

District 5
Dr. Michiel R. Noe

District 6 Claudia Ordaz Perez

> District 7 Henry Rivera

District 8 Cissy Lizarraga

City Manager Tommy Gonzalez DATE: November 15, 2017

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceed a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an audit conducted in accordance with <u>Generally Accepted Government Auditing Standards</u> (GAS 2.12). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

| CITIMORTGAGE, LLC      | T116-999-0060-0900 | \$ | 700.69   |
|------------------------|--------------------|----|----------|
| CITIMORTGAGE, LLC      | R215-999-0250-5700 | \$ | 32.32    |
| CITIMORTGAGE, LLC      | V893-999-0310-3100 | \$ | 1,148.91 |
| CITIMORTGAGE, LLC      | G569-999-0400-3700 | \$ | 105.33   |
| CITIMORTGAGE, LLC      | E299-999-0020-0300 | \$ | 794.66   |
| STUART C. COX, TRUSTEE | H805-999-0040-0300 | \$ | 42.78    |
| STUART C. COX, TRUSTEE | H805-999-0040-0300 | \$ | 42.78    |
| STUART C. COX, TRUSTEE | H805-999-0040-0300 | S  | 9.41     |
| STUART C. COX, TRUSTEE | H805-999-0040-0300 | S  | 9.4      |

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking from 8 to 33 days to process the applications received and send for review.

Based on our review, all Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

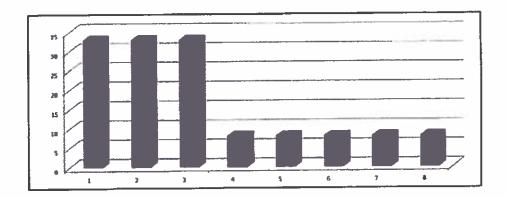
cc: Tomas Gonzalez, City Manager
Robert Cortinas, Municipal Financial Operations Interim Director

Edmundo S. Calderon – Chief Internal Auditor City 2 | 218 N. Campbell | El Paso, Texas 79901 | (915) 212-0069

#### City of El Paso Internal Audit Office Tax Office Refund Project Week of 11/13/2017 Reviews- Over Three Years

| Refund To              | P.L.D. Nandjer       | Assessed of Belland | Date Application<br>was Received | Payment was<br>Received in the Tax<br>Office | tiese Application<br>was approved by<br>the Tax Office | Bute Tat Office Sent to | Points Days from<br>these Proof of<br>Payment in Date<br>Adapt to be Reviewed | Date Internal Audit | Comments   |
|------------------------|----------------------|---------------------|----------------------------------|--|--|-------------------------|---|---------------------|------------|
| STUART C. COX, TRUSTEE | 11805-999-00-10-0300 | \$ 42.78            | 10/2/2017                        | 10/12/2017                                   | 10/17/2017   | t1/14/2017              | 33  | 11/14/2017          |            |
| STUART C. COX, TRUSTEE | H805-999-0040-0300   | \$ 42.78            | 10/2/2017                        | 10/12/2017                                   | 10/17/2017   | 11/14/2017              | 33  | 11/14/2017          |            |
| STUART C. COX, TRUSTEE | 11805-999-0040-0300  | \$ 9,41             | 10/2/2017                        | 10/12/2017                                   | 10/17/2017   | 11/14/2017              | 33  | 11/14/2017          |            |
| CTTIMORTGAGE, LLC      | T116-999-0060-0900   | \$ 700.69           | 10/4/2017                        | 11/6/2017                                    | 11/8/2017  | 11/14/2017              | 8   | 11/14/2017          |            |
| CITIMORTGAGE, LLC      | 8215-999-0250-5700   | \$ 32.32            | 10/4/2017                        | 11/6/2017                                    | 11/8/2017  | 11/14/2017              | 8   | 11/14/2017          |            |
| CITIMORTGAGE, LLC      | V893-999-0310-3100   | \$ 1,148,91         | 10/4/2017                        | 11/6/2017                                    | 11/8/2017  | 11/14/2017              | 8   | 11/14/2017          | 5.53(2.13) |
| CITIMORTGAGE, LLC      | G569-999-0400-3700   | \$ 105.33           | 10/4/2017                        | 11/6/2017                                    | 11/8/2017  | 11/14/2017              | 8   | 11/14/2017          |            |
| CITIMORTGAGE, LLC      | E299-999-0020-0300   | \$ 794.66           | 10/3/2017                        | 11/6/2017                                    | 11/8/2017  | 11/14/2017              | В   | 11/14/2017          |            |

\$2,876.88



Lected

21-30 Days

01-10 Days