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

**DEPARTMENT:** 

**Tax Department** 

**AGENDA DATE:** 

August 7, 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.

Approve property tax overpayment refunds.

## **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

**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)

Information copy to appropriate Deputy City Manager

# TAX REFUNDS August 7, 2018

1.	Property Tax Associates, in the amount of \$25,285.67, made an overpayment on January 31, 2018 of 2017 taxes. (Geo. #E01499909705700)
2.	Property Tax Associates, in the amount of \$17,160.64, made an overpayment on January 31, 2018 of 2017 taxes. (Geo. #U50100000000090)
3.	Property Tax Associates, in the amount of \$5,535.96, made an overpayment on January 31, 2018 of 2017 taxes. (Geo. #E05499905400100)
4.	Johan J and Greta K. Penninck, in the amount of \$2,921.85, made an overpayment on January 30, 2018 of 2017 taxes. (Geo. #E94099900200800)
	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

Prop ID

PROPERTY TAX ASSOCIATES 1801 WYOMING AVE STE. 201 EL PASO, TX 79902--570

116833 E014-999-0970-5700 Legal Description of the Property 97 EAST EL PASO 22 TO 28 & (29 TO 32 EXC PT IN ST) (35876.92 SQ FT)

Geo No.

2900 PERSHING DR

OWNER: BLACKSTONE-5 POINTS LLC

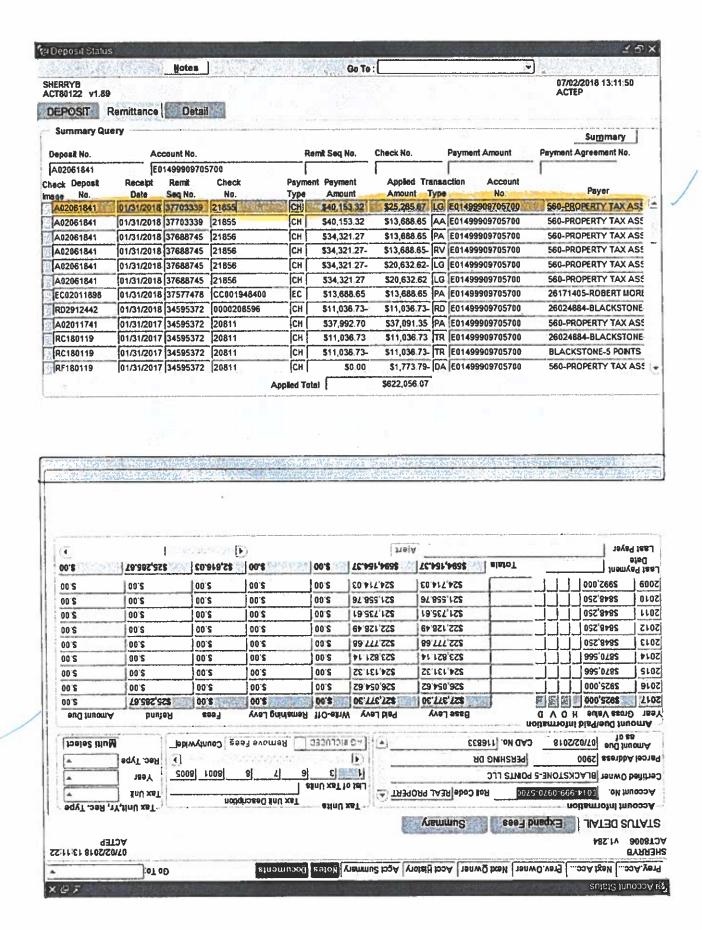
2017 OVERAGE AMOUNT \$25,285.67

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.

Step 1. Identify the refund	Who should the refund be issued to:
recipient. Show information for whomever will be receiving the refund.	Name: Property Tax Associates  Address: 1°0 Wyoming Add. STE 201  City, State, Zip: 6 Paso TX 79902  Daytime Phone No.: 915-833-4036  E-Mail Address: 500146 Ptaine U
Step 2. Provide payment	Payment made by: Check No Date Paid Aniount Paid
information. Please attach copies of cancelled checks, bank statement or original receipts	21855 1/31/18 44,153.32
for all cash payments you made	
Step 3. Provide reason for	Please check one of the following:
this refund. Please list any accounts and/or years that you intended to pay with this overage.	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 found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)  SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  O IV I A A WC HEZ
	Approved Denied By: South Date: 7/02/18



≟ಕಾצ 💯 Deposit Status Go To : Hotes 7 07/02/2018 13:11:50 ACTEP SHERRYB ACT80122 v1.89 Deposit Remit rice DETAIL Remittance Detail Applied Penalty & Attorney Rec Unit Year Type Amount Levy Discount Interest Fees Refund Account No. 50.00 E01499909705700 01 2017 TL \$3,715.88 \$3,715.88 \$0.00 \$0.00 50.00 E01499909705700 03 2017 TL \$6,058.76 \$6,058.76 \$0.00 \$0.00 \$0.00 \$0.00 06 2017 TL \$2,093.71 \$2,093.71 50 00 \$0.00 \$0.00 50.00 E01499909705700 E01499909705700 07 2017 TL \$655.07 \$655.07 \$0.00 \$0.00 50.00 \$0.00 50.00 08 2017 TL \$1,165.23 \$0.00 50.00 50.00 E01499909705700 \$1,165.23 \$0.00 \$0.00 \$0.00 \$25,285,67 8001 2017 TL \$25,285,67 \$0.00 EQ1499909705700 Applied Total \$38,974.32 513,688.65 50.00 \$0.00 \$0.00 \$25,285.67



# 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

on

Print Date: 06/22/2018

PROPERTY TAX ASSOCIATES 1801 WYOMING AVE STE. 201 EL PASO, TX 79902--570

Prop ID Geo No. U501-000-0000-0090 332804

Legal Description of the Property

UNPLATTED LAND BET SURV 126 & 127 & 128 & UNIV LANDS (11.356 AC)(494667 SQ FT)

1601 N FABENS RD

OWNER: FABENS WAREHOUSE PARTNERS LP

2017 OVERAGE AMOUNT \$17,160.64

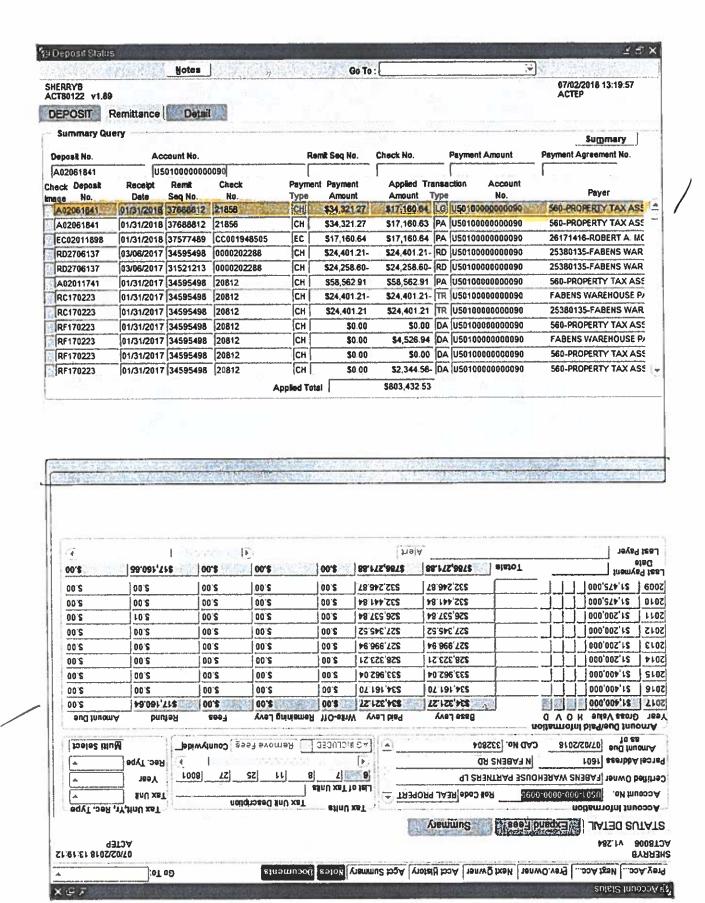
6 COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 11: FABENS ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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	Who should the refund be issu	ned to:	<b>公共10年的</b> 200	
recipient.	Name: Propert	LY TOX ASSO	ciates V	
Show information for whomever will be receiving	Address: 1801 Liv	oming alle	STF 201	
the refund.	City, State, Zip:	7 000	9402	20022
	Daytime Phone No.: 915			sonia@pta incusa
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid
information. Please attach copies of		ck 21852		
cancelled checks, bank statement or original receipts				
for all cash payments you made	101	AL AMOUNT PAID (sum of t	he above amounts)	
Step 3. Provide reason for	Please check one of the follow	ving:		经常规定的 医多性病 上联
this refund. Please list any accounts and/or ,	I paid this account in 6	error and I am entitled to the refu	und.	19.1 10
years that you intended to pay	✓ I overpaid this accoun	t. Please refund the excess to the	e address listed in Ste	p 1.
with this overage.	I want this payment ap	oplied to next year's taxes.		
	This payment should l	nave been applied to other tax ac	count(s) and/or year(	s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form is tru guilty of a Class A misdeme	anor or a state jail felony under	alse statement on this the Texas Penal Code	application, you could be found, Sec. 37.10.)
842/2/1	SIGNATURE OF REQUEST	OR (REQUIRED)	PRINTED NAME &	HE2 6-27-18
TAX OFFICE USE ONLY:	Approved De	nied By: Sooth	Date:	07/02/18



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# 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

2018 4

PROPERTY TAX ASSOCIATES 1801 WYOMING AVE STE. 201 EL PASO, TX 79902--570

Prop ID Geo No. E054-999-0540-0100 33721

Legal Description of the Property 54 EAST GLEN #4 1 (EXC NELY PT) (104718.87 SQ FT)

2700 GEORGE DIETER DR 79936

OWNER: BLACKSTONE EQUITY GROUP LLC

2017 OVERAGE AMOUNT \$5,535.96

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:

Land F

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.

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Show information for whomever will be receiving	.0	ning cure. St		
the refund.	1 10		902	
	Daytime Phone No.: 9/5 X	33 4036 /	E-Mail Address:	Sona a ptancesa.c
Step 2. Provide payment	Payment made by:	Check No	Date Paid	Amount Paid
information. Please attach copies of cancelled checks, bank		#21854	1/31/18	\$ 11,071.92
statement or original receipts for all cash payments you made		L AMOUNT PAID (sum of	the above amounts)	
Step 3. Provide reason for	Please check one of the following	uk.		· 对自己的 1000 1000 1000 1000 1000 1000 1000 10
this refund. Please list any accounts and/or	1 paid this account in err	or and I am entitled to the re	fund.	
years that you intended to pay		Please refund the excess to the	he address listed in S	tep 1.
with this overage.	I want this payment app			
	This payment should ha	ve been applied to other tax a	account(s) and/or yea	r(s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby app have given on this form is true guilty of a Class A misdemean	and correct. ( If you make a	false statement on th	is application, you could be found
CM 2/2/14	SIGNATURE OF REQUESTO	/	PRINTED NAME OF	ANCHEZ 6:27-18

This application must be completed, signed, and submitted with supporting documentation to be valid

Denied

Approved

TAX OFFICE USE ONLY:

Print Date: 05/07/2018

Date: 07/02/18

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\$9 Deposit Status Go To : ¥ Notes SHERRYB ACT80122 v1.89 07/02/2018 13:19:57 ACTEP Deposit Remittance DETAIL Remittance Detail Attorney Rec Applied Penalty & Fees Refund Unit Year Type Amount Levy Discount Interest Account No. \$0.00 U50100000000090 06 2017 TL \$3,168.86 \$0.00 50.00 \$0.00 \$3,168.86 \$0.00 \$0.00 U501000000000090 07 2017 TL \$991.46 \$991.46 \$0.00 \$0.00 U501000000000090 08 2017 TL \$1,763.60 \$1,763.60 \$0.00 \$0.00 \$0.00 \$0.00 U501000000000090 11 2017 TL \$9,294.61 59,294.61 \$0.00 \$0.00 50.00 50.00 25 2017 TL \$0.00 50.00 \$0.00 U50100000000090 \$1,295.66 \$1,295.66 \$0.00 \$0.00 50.00 \$0.00 27 2017 TL \$646.44 \$646.44 \$0.00 U501000000000090 U501000000000090 8001 2017 TL \$17,160,64 \$0.00 \$0.00 \$0.00 \$0.00 \$17,160.64 Applied Total \$34,321.27 517,160.63 \$0.00 \$0.0D \$0.00 \$17,160.64

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# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. E940-999-0020-0800 Prop ID 220182

Legal Description of the Property 2 ESTANCIAS CORONADO LOT 8

100 CALLE COLINA ST 79912

OWNER: PENNINCK JOHAN J & GRETA K

2017 OVERAGE AMOUNT \$2,921.85

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:

PENNINCK JOHAN J & GRETA K

100 CALLE COLINA EL PASO, TX 79912-3430

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 whomever will be receiving	Name: ZENNINCK JOHAN J & BRETAK V Address: 100 CALLE COLINA
the refund.	City, State, Zip: F1 PASO 7X 79912 - 3430  Daytime Phone No.: 241 7871  E-Mail Address: John Penninch (S)
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
lease attach copies of ancelled checks, bank tatement or original receipts	#544632378 1/30/18 \$22,509.58
or all cash payments you made	TOTAL AMOUNT PAID (sum of the above amounts)
tep 3. Provide reason for	Please cheek one of the following:
his refund. Please list any accounts and/or lears that you intended to pay	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.
vith 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 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 jail felony under the Texas Penal Code, Sec. 37.10.)
Youe	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  J. PENNINCK OF L.72
7-19-18	Approved   Denied By: 5800th   Date: 07/19/18

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