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

DEPARTMENT: Tax Department

AGENDA DATE: August 9, 2016

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

DISTRICT(S) AFFECTED: All

SUBJECT:

Discussion and action on a Resolution that the City finds that Reynolds Plastic Surgery Center through Dale Reynolds showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2011 property taxes and the tax refund in the amount of \$340.05 is approved.

BACKGROUND / DISCUSSION:

A citizen has applied for a tax refund due to overpayment on June 21, 2016. The Property Tax Code 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:

March 22, 2016

AMOUNT AND SOURCE OF FUNDING:

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

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, Reynolds Plastic Surgery Center through Dale Reynolds ("Taxpayer") has applied for a refund with the tax assessor for the 2011 property taxes that were overpaid on February 29, 2012 in the amount of \$340.05 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2011 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 Reynolds Plastic Surgery Center through Dale Reynolds showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2011 taxes and the tax refund in the amount of \$340.05 is approved.

ADOPTED this	day of	, 2016.		
		CITY OF EL PASO		
		Ocean Locace		
		Oscar Leeser Mayor		
ATTEST:				
Richarda Duffy Momsen City Clerk				
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:		
Solh. Cartes		Z. Esquil		
Sol M. Cortez	FOR	Maria O. Pasillas, RTA		
Assistant City Attorney		Tax Assessor/Collector		

JUN 2 7 2016

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

Geo No. 0657-999-1031-5434 Prop ID 427672

Legal Description of the Property

INV FURN

125 W HAGUE RD-12

REYNOLDS PLASTIC SURGERY CENTER % DALE REYNOLDS - MD 5664 N MESA ST EL PASO, TX 79912-5425

OWNER: REYNOLDS PLASTIC SURGERY CENTER

2011 OVERAGE AMOUNT

Print Date: 06/15/2016

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

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. DUTHIND

Step 1. Identify the refund	Who should the refund be issued to: Name: DALE REYNOLDS				
recipient.					
Show information for whomever will be receiving	Address: Sley N. M. SA ST.	/			
the refund.	City, State, Zip: & PASO, TT 79912				
	Daytime Phone No.: (96) 274 -0206	E-Mail Address: dale ray wold san Bynh			
Step 2. Provide payment	Payment made by: Check No.	Date Paid Amount Paid			
information. Please attach copies of cancelled checks, bank statement or original receipts	REYNDROS PLASTIC SURGERY # 2983	2/28/12 1751,24			
	CENTER				
or all cash payments you made	TOTAL AMOUNT PAID (sum of the	e above amounts) 1757.24			
tep 3. Provide reason for his refund.	Please check one of the following:				
lease list any accounts and/or	I paid this account in error and I am entitled to the refund.				
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.)				
		RINTED NAME & DATE RICHARD DAL Ruy wolds 6/2/16			
TAX OFFICE USE ONLY:	Approved Denied By	1 Date: 06 (27/16)			
his application must be completed,	signed, and submitted with supporting documentation to be valid.	Su O			



INTERNAL AUDIT OFFICE

Mayor Oscar Leeser DATE:

July 06, 2016

TO:

Maria O. Pasillas, Tax Assessor/Collector

FROM:

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

SUBJECT:

For Edmondo Caldo con-Ziz Oll Review of Tax Overpayment Refunds that Exceed Three Years

District 1
Peter Svarzbein

District 2

City Council

At the request of the Consolidated Tax Office, the following Tax Overpayment Refunds that exceed a three year period were reviewed:

Jim Tolbert

District 3

District 3 Emma Acosta

District 4
Carl L. Robinson

District 5
Dr. Michiel R. Noe

District 6 Claudia Ordaz

> District 7 Lily Limón

District 8
Cortney C. Niland

City Manager Tommy Gonzalez

EVA WILLIAMS	P654-999-0170-0100	\$ 20.01
CITI FINANCIAL	\$827-999-0000-2500	\$ 103.64
BACKER KAY F	S824-999-0010-0700	\$ 28.45
BACKER KAY F	S824-999-0010-0500	\$ 28.43
JERRY BURKS	S533-000-0030-0480	\$ 87.19
MARK WICKENHEISER	2003-000-3697-0056	\$ 8.19
MARK WICKENHEISER	10SS-000-1151-0356	\$ 20.64
TOMMY'S AUTO SALES	1036-000-1151-4082	\$ 106.43
TOMMY'S AUTO SALES	1994-000-2567-0082	\$ 23.58
MANUEL HERNANDEZ	C849-999-0190-4900	\$ 500.00
V DALE REYNOLDS	0657-999-1031-5434	\$ 340.05
EBS ENTERPRISES, INC	0419-999-8008-0000	\$ 109.18
STERLING & BAXTER LLP	2001-999-0099-0034	\$ 36.00
CASAS DE LEON, LLC	L226-000-0070-0700	\$ 10.86

The Internal Audit Office reviewed the refund applications, copy of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking from 2 to 8 days to process the applications received and send for review.

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

cc: Tommy Gonzalez, City Manager Mark Sutter, Chief Financial Officer

> Edmundo S. Calderón – Chief Internal Auditor City 2 | 218 N. Campbell | El Paso, Texas 79950 | (915) 212-0069