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

DEPARTMENT:

Tax Department

AGENDA DATE:

October 29, 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

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 October 29, 2019

1. Lone Star Title, in the amount of \$11,954.68, made an overpayment on January 19, 2018 of

2017 taxes.

(Geo. #X57900031804100)

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Laura D. Prine City Clerk	 Maria O. Pasillas, RTA Tax Assessor Collector	<u>br</u> ia O. Yobilla



TAX OFFICE RECEIVED

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

19 SEP 26 P3:33

DVEP LAND LLC 7910 GATEWAY BLVD E STE 102 EL PASO, TX 79915-1810 DP NSDD **Geo No. Prop ID** X579-000-3180-4100 395979

Legal Description of the Property

79 TSP 3 SEC 18 T & P S 655 FT OF NE 1/4 (39.7000 AC) & SELY PT OF NW 1/4 (24.2564 AC) (63.9564 AC)

12800 TARWIND

OWNER: DVEP LAND LLC

2017 OVERAGE AMOUNT \$11,954.68

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMERG. SERVICES DIST #1, 25: LWR VALLEY WTR DISTRICT

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.	Name: Lone Star Title Address: 7910 Gataway Tast Ste, 103							
Show information for whomever will be receiving								
the refund.	City, State, Zip: El Paso! TX 79915							
	Daytime Phone No.: 915, 50	91.8844	E-Mail Address: (Sale way claimy @ love iter HH				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copies of cancelled checks, bank	Lone Stor	368165	1/19/18	11,954.68				
statement or original receipts for all cash payments you made	TOTAL	AMOUNT PAID (sum of the	he above amounts)					
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) Please cheek one of the following:							
his refund.	V I paid this account in error and I am entitled to the refund.							
Please list any accounts and/or 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. 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.)							
Pucciolielia	SIGNATURE OF REQUESTOR		PRINTED NAME & I Juson Fille	-1				
TAX OFFICE USE ONLY:	PApproved Denies	anw		0116/19				

v52.1.6 Print Date: 08/14/2019



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