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

DEPARTMENT:

Tax Department

AGENDA DATE:

November 24, 2020

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, exceeding statutory three (3) year limit.

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?

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?

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 OVER THREE (3) YEARS November 24, 2020

1.	 Compass Group USA, Inc., in the amount of \$3,521.55, made an overpayment on December 2 2015 of 2015 taxes. (Geo. #1337-999-1252-6034) 	3,
	Laura D. Prine Shoryl R. Mack for Maria C. Pasillas, RTA	. O. Pasille
	City Clerk Tax Assessor Collector	

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, Compass Group USA, Inc. through Compass Group Support Services ("Taxpayer") has applied for a refund with the tax assessor for their 2015 property taxes that were overpaid on December 23, 2015 in the amount of \$3,521.55 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2014 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 Compass Group USA, Inc. through Compass Group Support Services showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2015 taxes and the tax refund in the amount of \$3,521.55 is approved.

ADOPTED this day of	
	CITY OF EL PASO:
	Dee Margo
ATTEST:	Mayor
Laura D. Prine	
City Clerk	
APPROVED AS TO FORM:	APPROVED AS TO CONTENT:
5. Ail	Should Mack for Maria O. Posities
Juan S. Gonzalez	Maria O Pasillas, RTA
Senior Assistant City Attorney	Tax Assessor/Collector

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NOV 0 3 2020

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

COMPASS GROUP SUPPORT SERVICES 1500 LIBERTY DRIVE **SUITE 210 WAYNE, PA 19087**

Geo No. Prop ID 1337-999-1252-6034 641330

Legal Description of the Property

FURN MACH INV VEH

3105 SUN BOWL DR

OWNER: SSC SERVICE SOLUTIONS

2015 OVERAGE AMOUNT \$3,521.55

1: CITY OF EL PASO, 3: FL 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	Y TAX REFUND:	This application must be e-	impleted, signed, and	submitted with suppo	iting documentatio	on to be valid.		
Step 1. Identify the refund	Who should the refun	id be issued to:	THE PARKE	"A HAC DAY	FIREWAY			
recipient. Show information for	Name: Corneuss	Grove USA	Inc.		*			
whomever will be receiving		my Vovell 24		+ Coad				
the refund.	a. a —	and the second s		u rem				
	1/4	arlotte NC 28. 104-328-4081	311	E Mail Address:	1700			
Step 2. Provide payment	Payment made by:	107 328 400	Check No.	E-Mail Address: Date Paid	Amount Pa			
information.	A.	ulaci			(- 104)	ATT IN DESCRIPTION		
Please attach copy of cancelled	Comps is Group	ch	7498695	12/23/15	7082	57		
check, original receipt, online payment confirmation or	, ,			•				
bank/credit card statement.		TOTAL AMOUNT	PAID (sum of the	above amounts)	7,082.57			
Step 3. Provide reason for	Please check one of th	re 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 pay	ment applied to next y	ear's taxes.					
	This payment	should have been appli	ed to other tax acco	unt(s) and/or year(s), escrow (listed	below):		
Step 4. Sign the form.		ereby apply for the refu						
Unsigned applications cannot		m is true and correct. (isdemeanor or a state j				could be found		
be processed.						V		
· Qua Wholes	SIGNATURE OF RE	QUESTOR (DEQUIRI	ED) PR	FED NAME & I		1.1		
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Internal Audit Office

MAYOR

Dee Margo

CITY COUNCIL

District 1
Peter Svarzbein

District 2 Alexsandra Annello

District 3 Cassandra Hernandez

District 4 Dr. Sam Morgan

District 5
Isabel Salcido

District 6 Claudia L. Rodriguez

District 7 Henry Rivera

District 8
Cissy Lizarraga

CITY MANAGER Tommy Gonzalez DATE: N

November 10, 2020

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 Refund that exceeded 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 engagement conducted in accordance with <u>Generally Accepted Government Auditing Standards</u> (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

COMPASS GROUP USA, INC.

1337-999-1252-6034

\$3,521.55

The Internal Audit Office reviewed the refund application, copies 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 took 1 day to process an application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was 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, Deputy City Manager of Support Services & Chief Financial Officer

Edmundo S. Calderon, CIA, CGAP, CRMA – Chief Internal Auditor Internal Audit Office | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso internal Audit Office Tax Office Refund Project Week of 11892/2020 Reviews-Over Three Years

Reland To	7.00 Number	Amount of Refused	Date Application was Received	Date of Fruof of Payment was Reported to the Fax Office	Date Application was approved by the Yan Office	Date Tax Office Sent to Internal Audit for Review	Unte Internal Andia Reviewed Applications	
The second secon		\$3,521.55	10/21/2020	11/9/2020	11/10/2020	11/10/2020	11/10/2020	

\$3,521.55



