

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

DEPARTMENT: Tax Department

AGENDA DATE: December 17, 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

*****REQUIRED AUTHORIZATION*****

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
December 17, 2019

1. Laboratory Corporation of America, in the amount of \$4,756.00, made an overpayment on November 21, 2019 of 2019 taxes.
(Geo. #15PP99918978034)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED DEC 02 2019

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. 15PP-999-1897-8034	Prop ID 665625
Legal Description of the Property INV CMP MACH 7420 REMCON CIR-I	
OWNER: LABORATORY CORPORATION AMERICA	

+2500

LABORATORY CORP OF AMERICA
PO BOX 2280
BURLINGTON, NC 27216

2019 OVERAGE AMOUNT \$4,756.00

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.

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Laboratory Corporation of America</u>			
	Address: <u>Attn:Property Acct PO Box 2230</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	City, State, Zip: <u>Burlington, NC 27216</u>		E-Mail Address: <u>faulknk@labcorp.com</u>	
	Daytime Phone No.: <u>(336)436-6350</u>			
	Payment made by:	Check No.	Date Paid	Amount Paid
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<u>Lab Corp of America</u>	<u>0201556184</u>	<u>11/8/19</u>	<u>\$13,199.25</u>
	TOTAL AMOUNT PAID (sum of the above amounts)			\$13,199.25
	Please check one of the following:			
Step 4. Sign the form. Unsigned applications cannot be processed.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
<u>Karen N Faulkner</u>		<u>Karen Faulkner</u>		
		<u>Manager-Prop Acct 11/27/19</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <u>[Signature]</u> Date: <u>12/4/19</u>		

Check Date: Nov/08/2019		Supplier Number: 000078308			Check No: 0201556184		
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount	
507335-102819	Oct/28/2019	04554377	1,069.59	0.00	0.00	1,069.59	
639645-102819	Oct/28/2019	10555 VISTA DEL SOL DR-110 04554378	625.04	0.00	0.00	625.04	
657332-102819	Oct/28/2019	1700 E CLIFF DR 04554376	112.77	0.00	0.00	112.77	
665625-102819	Oct/28/2019	7420 REMCON CIR-C 04554375	11,391.85	0.00	0.00	11,391.85	
		7420 REMCON CIR-1					

Check Number	Date	Total Gross Amount	Total Discounts	Total Late Charge	Total Paid Amount
0201556184	Nov/08/2019	\$13,199.25	\$0.00	\$0.00	\$13,199.25

TAX OFFICE
RECEIVED
DEC 02 2019

LABORATORY CORP OF AMERICA
P.O. BOX 2280
Burlington NC 27216

WELLS FARGO BANK, N.A.

0201556184

66-156/531

Date Nov/08/2019

Pay Amount \$13,199.25***

Pay *****THIRTEEN THOUSAND ONE HUNDRED NINETY-NINE AND 25/100 *****

To The Order Of EL PASO TAX ASSESSOR COLLECTOR
PO BOX 2992
EL PASO TX 79999

Alma A. Eiberg

Authorized Signature
Void if Not Cashd within 120 Days

605625

ANDREA
ACT80122 v1.90

Deposit REMITTANCE Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.	Summary				
A11211979	15PP99918978034									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A11211979	11/21/2019	41960905	0201556184	CH	\$13,199.25	\$6,635.85	AA	15PP99918978034	27666237-LABORATORY
	A11211979	11/21/2019	41960905	0201556184	CH	\$13,199.25	\$4,756.00	LG	15PP99918978034	27666237-LABORATORY
	A10251965	10/25/2019	41665276	0201552955	CH	\$4,756.00	\$4,756.00	PA	15PP99918978034	LABORATORY CORPORA
	A11191875	11/19/2018	38948937	0102076029	CH	\$11,094.62	\$11,094.62	PA	15PP99918978034	LABORATORY CORPORA
	A11061765	10/30/2017	35883973	0201458736	CH	\$13,548.96	\$12,066.85	PA	15PP99918978034	LABORATORY CORPORA
	X1208161002	12/08/2016	33261972	13563	CH	\$9,985.97	\$9,985.97	PA	15PP99918978034	LABORATORY CORPORA
	A09121665	09/12/2016	32629853	0201401370	CH	\$8,389.96	\$8,389.96	PA	15PP99918978034	LABORATORY CORPORA
						Applied Total	\$57,885.25			