



JUL 10 2023

**AGENDA PLACEMENT FORM**

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

Date: 6/22/2023

Meeting Date: 7/10/2023

**Approved**

Submitted By: Scott Porter

Department/Office: Tax Office

Signature of Director/Official: [Signature]

**Agenda Title:**

Consideration for Court Approval of Erroneous/Over Payment Refunds in Excess of \$2,500

**Public Description** (Description should be 2-4 sentences explaining to the Court and the public what action is recommended and why it is necessary):

Asking the court to consider approval of erroneous/over payment refunds in excess of \$2,500 as required by the Tax Code. A refund detail report is attached for each along with the application. The Tax Collector has determined each was an erroneous/over payment and the Auditor has also reviewed and agrees.

(May attach additional sheets if necessary)

Person to Present: Consent Agenda

(Presenter must be present for the item unless the item is on the Consent Agenda)

Supporting Documentation: (check one) PUBLIC  CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

Estimated Length of Presentation: consent minutes

Session Requested: Consent (Action Item, Workshop, Consent, Executive)

**Check All Departments That Have Been Notified:**

County Attorney  IT  Purchasing  Auditor

Personnel  Public Works  Facilities Management

Other Department/Official (list) \_\_\_\_\_

**Please Inter-Office All Original Documents to County Judge’s Office Prior to Deadline & List All External Persons Who Need a Copy of Signed Documents In Your Submission Email**

# Refund Detail Report

Account #	Fiduciary	Payee	Type	Amount	Interest	Recalc Date	Status	State	Age Days	Modified By	Modified Date
126-4460-19300		SOSA MARIA	Over Payment	\$2,594.65	\$0.00	5/2/2023	Open	CommissionerC ourtApproval	50	jrachall@joco. spindlemedia.c om	6/8/2023
126-6644-95382		SOSA MARIA	Over Payment	\$2,656.10	\$0.00	5/2/2023	Open	CommissionerC ourtApproval	50	jrachall@joco. spindlemedia.c om	6/8/2023
			<b>Total</b>	<b>\$5,250.75</b>	<b>\$0.00</b>						

Number of Accounts: 2  
Number of Records: 2

**APPLICATION FOR TAX REFUND**

Collecting office name Johnson County Tax Office		Phone (area code and number) (817) 558-0122		
Present mailing address (number and street) P.O. BOX 75				
City, town or post office, state, ZIP code CLEBURNE TX 76033-0075				
<b>To apply for a tax refund, the taxpayer must complete the following:</b>				
Step 1: Payer's name and address (and Owner's name if different)	Payer's name: SOSA MARIA ELIZABETH		Owner's name (if different from payer): VARGAS JOSE A ETUX VILMA J FLORE	
	Payer's mailing address (number and street) 8928 SALLYS WAY			
	City, town or post office, state, ZIP code: ALVARADO TX 76009		Phone (area code and number):	
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): MOBILE HOME 126.4460.19300 HOMESTEADS PHASE IX			
	Address or location of property: 0008928 SALLYS WAY			
	Account number of property: 126-6644-95382		Loan/GF#	
Step 3: Give the tax payment information	Year for which refund is requested	Date of the tax payment	Check #	Amount of tax refund requested
	2022	5/2/2023	CASH	\$2,656.10
Step 4: SIGNATURE REQUIRED. If applicable, print job title and company name.	"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."			
	Signature <i>Maria Sosa</i>		Date of application for tax refund 6-1-23	
	Title			
	Company			
	Print or type name of person signing Maria Sosa			
	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 Texas Penal Code Section 37.10.			
Step 5: Refund to:	Name: <i>Maria Sosa</i>			
	Address: <i>8924 Sallys Way</i>			
	City: <i>Alvarado</i>	State: <i>TX.</i>	Zip: <i>76009</i>	
Internal Use: <i>ju</i>	PM Date: <i>6/8/23</i>	Printed: 5/3/2023 5:37:34 PM		

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City, town or post office, state, ZIP code CLEBURNE TX 76033-0075				
<b>To apply for a tax refund, the taxpayer must complete the following:</b>				
Step 1: Payer's name and address (and Owner's name if different)	Payer's name: SOSA MARIA ELIZABETH		Owner's name (if different from payer): VARGAS JOSE A ETUX VILMA J FLORE	
	Payer's mailing address (number and street) 8928 SALLYS WAY			
	City, town or post office, state, ZIP code: ALVARADO TX 76009		Phone (area code and number):	
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): LOT 30W,30E BLK J HOMESTEADS PHASE IX 126.6644.9			
	Address or location of property: 0008928 SALLYS WAY			
	Account number of property: 126-4460-19300		Loan/GF#	
Step 3: Give the tax payment information	Year for which refund is requested	Date of the tax payment	Check #	Amount of tax refund requested
	2022	5/2/2023	CASH	\$2,594.65
Step 4: SIGNATURE REQUIRED. If applicable, print job title and company name.	"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."			
	Signature <i>Maria Sosa</i>		Date of application for tax refund 6-1-23	
	Title			
	Company			
	Print or type name of person signing Maria Sosa			
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