



Legislation Details (With Text)

**File #:** 23-0529      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 1/19/2023      **In control:** Commissioners Court  
**On agenda:** 1/31/2023      **Final action:** 1/31/2023  
**Title:** Request for approval of tax refund payments.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
1/31/2023	1	Commissioners Court		

**Department:** Tax Assessor-Collector

**Department Head/Elected Official:** Ms. Ann Harris Bennett

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):** N/A

**Vendor/Entity Legal Name (if applicable):** N/A

**MWDBE Contracted Goal (if applicable):** N/A

**MWDBE Current Participation (if applicable):** N/A

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Request for approval of tax refund payments.

**Background and Discussion:** N/A

**Expected Impact:** N/A

**Alternative Options:** N/A

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	FY 23	FY 24	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
<b>Existing Budget</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
<b>Additional Budget Requested</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-

Total Personnel	-	-	-
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**Anticipated Court Date:** January 31, 2023

**Anticipated Implementation Date (if different from Court date):**N/A

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Elizabeth Doss, Assistant Chief Deputy, Harris County Tax Office

**Attachments (if applicable):** Refund Payments