



## Legislation Text

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**File #:** 21-5417, **Version:** 1

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**Department:** Tax Assessor-Collector

**Department Head/Elected Official:** Ms. Ann Harris Bennett, Tax Assessor-Collector

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

**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): N/A

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): N/A

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
<b>Total Incremental Expenditures</b>		-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
<b>Total Current Budget</b>		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
<b>Total Additional Budget Requested</b>		-	-	-
<b>Total Funding Sources</b>		-	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
<b>Total Personnel</b>		-	-	-

Anticipated Implementation Date: October 12, 2021

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