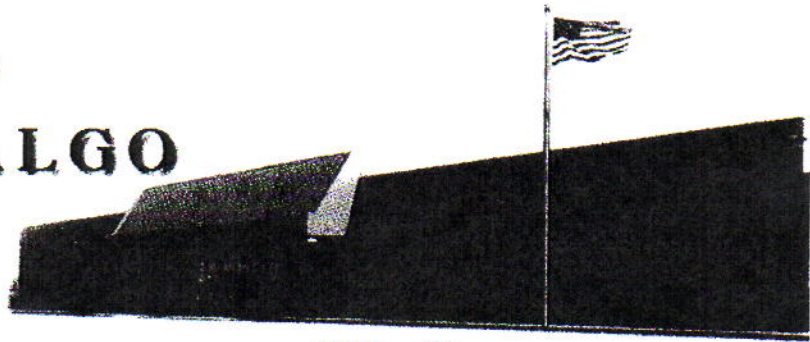


Office of Tax Assessor-Collector  
**COUNTY of HIDALGO**



*Armando Barrera, Jr., RTA*

Assessor and Collector

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

P.O. Box 178  
Edinburg, Texas 78540-0178  
(956) 318-2157 • Fax (956) 318-2733

Re: See attached list

Gentlemen:

As per Section 31.11 of the Property Tax Code, the governing body of each taxing unit must authorize refunds of overpayments or erroneous payments over \$ 2500.00 dollars.

I respectfully request that the Commissioner's Court approve the enclosed application for a tax refund based on an adjustment approved by the Hidalgo County Appraisal District Office.

An application for a refund must be made within three years after the date of the payment or the taxpayer waives the right to the refund. The governing body of the taxing unit may extend the deadline provided by Subsection (c) for a single period not to exceed two years on a showing of good cause by the taxpayer.

When completed, please return the attached to this office.

Thanking you for your assistance in this matter, I remain.

Very truly yours,

Armando Barrera, Jr. RTA

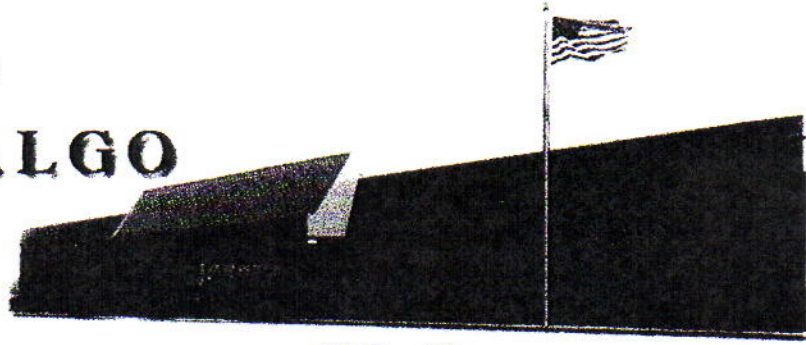
Abj: mm

Enclosure

Xc: Hidalgo County Auditor  
Raymundo Eufrazio, CPA

Office of Tax Assessor-Collector

# COUNTY of HIDALGO



*Armando Barrera Jr., R7A*

Assessor and Collector

P.O. Box 178  
Edinburg, Texas 78540-0178  
(956) 318-2157 • Fax (956) 318-2733

ACCOUNT NUMBER	PAYER	AMOUNT
1.A1769.00.000.0009.00	WELLS FARGO	\$ 2,515.03
2.O0555.00.000.0040.00	CHASE	\$ 2,825.80
3.Q7010.02.000.0016.00	Armando Barrera	\$ 5,000.00
4.T1017.00.000.0009.00	MARTIN ALEXIS	\$ 2,681.37
5.T3075.00.000.006A.00	FERN PROPERTIES	\$ 5,180.96



**ARMANDO BARRERA JR., RTA**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 12/28/2011

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: Dec 31/12

*J. C. Smith*  
 JAN 19 2012

**WELLS FARGO**  
 MAC X2502-011  
 1 HOME CAMPUS  
 DES MOINES, IA 50328-000

<b>Account Number</b> A1769-00-000-0009-00 * HCAD No. 626439 *
<b>Legal Description of the Property</b> ALAMO HEIGHTS LOT 9  MONTERREY DR  OWNER: ZAMBRANO JESUS A

2011 OVERAGE AMOUNT \$2,515.03

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 43: PHARR,SAN JUAN,ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

9-0327464509

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Wells Fargo Home Mortgage		9-0327464509
	Mailing Address	MAC X2302-04D 1 Home Campus Des Moines, IA 50328		Property Owner
	City, State, Zip Code	800-499-4829 x44093		Telephone Number
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account			
	<input checked="" type="checkbox"/> Duplicate payment			
	<input type="checkbox"/> Paid in error (explain)			
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	2515.03		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	2515.03		
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner			
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1			
	<input type="checkbox"/> Transfer this amount to account		For tax year	
	<input type="checkbox"/> Escrow for next year 's taxes			
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form 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			Date of application
	SIGN HERE	<i>[Signature]</i>		1/30/12
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				
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 3/2/12
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 2/21/12

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



ARMANDO BARRERA JR., RTA  
Hidalgo County Tax Assessor - Collector  
PO BOX 178  
EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
Fax No.: 956-318-2733

Print Date: 12/23/2009

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: Dec 31/12  
*J. C. Smith*

Account Number 00555-00-000-0040-00† (644402)
Legal Description of the Property OAK GROVE LOT 40 938 13TH ST

FIRST AMERICAN  
8435 N-STEMMONS FREEWAY  
DALLAS, TX 75247-390

*Chase\**  
~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~

*Acct# 5304529703*

2009 OVERAGE AMOUNT \$2,825.80

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 43: PHARR,SAN JUAN,ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

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 ~~the mortgage/life 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 \$500.

APPLICATION FOR PROPERTY TAX REFUND

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to			
	Name: _____			
	Address: _____			
	City, State, Zip: _____			
Daytime Phone No.: _____		E-Mail Address: _____		
<b>Step 2. Provide payment information.</b> Please attach copies of cancelled checks or original receipts for all cash payments you made.	Payment made by	Check No	Date Paid	Amount Paid
	<i>Chase</i>	<i>2423334*</i>	<i>11/14/09</i>	<i>\$2825.80*</i>
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<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.			
This payment should have been applied to other tax account(s) and/or year(s) (listed below):				
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed	By signing below, 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. ( 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 the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		DATE	
<i>J Jackson Ch Chase*</i>		<i>12-12-11*</i>		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>3/5/12</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>2/23/12*</i>	

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



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 02/03/2012

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 06/30/12

*AB*

*J. C. [Signature]*

~~KLEMENT JONATHAN & PATRICIA  
 2508 SAN EFRAIN  
 MISSION, TX 78572-3846~~

<b>Account Number</b> Q7010-02-000-0016-00 HCAD No. 689486*
<b>Legal Description of the Property</b> QUINTA REAL PH 2, SHARYLAND PLTN VLG Lot 16  2508 SAN EFRAIN  OWNER: KLEMENT JONATHAN & PATRICIA

2011 OVERAGE AMOUNT \$5,000.00\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011*</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>Should have paid credited to another Account.</u>	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>5000.00*</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account <u>H2042-00-000</u> <u>002A-00*</u> For tax year <u>2011*</u>	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form 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	
	SIGN HERE <i>[Signature]</i> *	Date of application <u>2-13-12*</u>
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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: <u>3/5/12</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: <u>2/22/12*</u>	

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

3/11



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178



Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 01/24/2012

MARTIN ALEXIS  
 5009 W SYCAMORE AVE  
 MCALLEN, TX 78501-5433

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: ~~1/17/12~~ 1/31/12

Account Number  
 T1017-00-000-0009-00\*  
 HCAD No. 684005\*

Legal Description of the Property  
 TAYLOR HEIGHTS Lot 9\*

5009 SYCAMORE ST

OWNER: MARTIN ALEXIS \*

2011 OVERAGE AMOUNT \$2,681.37\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Alexis Martin	Relationship to Property Owner	Owner
	Mailing Address	5009 W Sycamore Ave	Daytime Telephone Number	305-340 5574
City, State, Zip Code		McAllen, TX, 78501		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account			
	<input checked="" type="checkbox"/> Duplicate payment			
		<input checked="" type="checkbox"/> Paid in error (explain) <u>I don't know my bank paid this taxes</u>		
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	2681.37		
	Total tax, penalty, and interest amount owed for the year	0		
	Amount of refund claimed	2681.37*		
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner			
	<input type="checkbox"/> Mail to Payer at address in Step 1			
	<input type="checkbox"/> Transfer this amount to account		For tax year	
	<input type="checkbox"/> Escrow for next year's taxes			
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form 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			Date of application
	SIGN HERE		01/30/2012*	
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				
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 3/7/12
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 2/9/12*

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

2/10



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 02/03/2012

*ASAP*  
*Goal*  
*lets*  
*review*  
*of cad 3/12*

FERN PROPERTIES LLC  
 110 E SAVANNAH B103  
 MCALLEN, TX 78503-

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: Dec 31st 11  
*of cad 3/12*

Account Number T3075-00-000-006A-00 HCAD No. 696095*
Legal Description of the Property THE DISTRICT AT MCALLEN LOT 6A 801 E FERN AVE OWNER: FERN PROPERTIES LLC
2011 OVERAGE AMOUNT \$5,180.96

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Fern Properties, LLC *	Relationship to Property Owner	Owner
	Mailing Address	110 E. SAVANNAH B103 * Daytime Telephone Number (956) 627-2630 *		
	City, State, Zip Code	McAllen TX 78503		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011*</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/>	Overpaid the account		
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer			
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	5,180.96*		
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/>	Mail to Property Owner (or call for pickup) *		
	<input type="checkbox"/>	Mail to Payer at address in Step 1		
	<input type="checkbox"/>	Transfer this amount to account	For tax year	
	<input type="checkbox"/>	Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form 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			
	SIGN HERE		Date of application	2/15/12*
	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			
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 3/12/12
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 2/23/12*

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

3/1

*ASAP*  
*lets review*