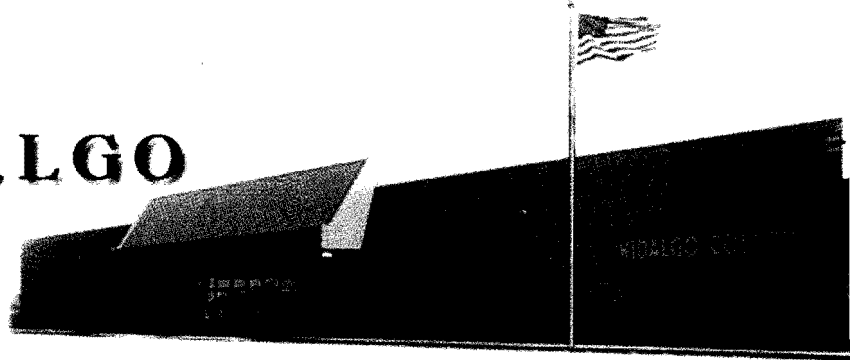


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera, Jr., RTA
March 23, 2012

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

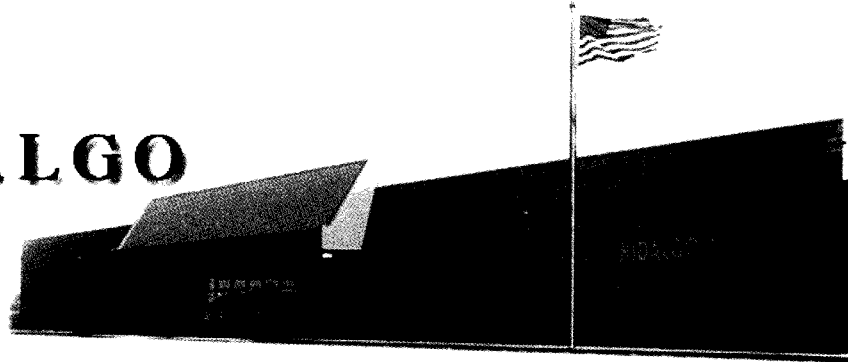
Abj: mm

Enclosure

Xc: Hidalgo County Auditor
Raymundo Eufrazio, CPA

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr., RTA
Assessor and Collector

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

ACCOUNT NUMBER	PAYER	AMOUNT
1.A1800.00.052.0016.07 ✓	RIO PROP VENTURES LLC ✓	\$ 2,613.44 ✓
2.B3810.00.000.0010.00 ✓	FRANCISCO J RANGEL ✓	\$ 3,053.24 ✓
3.T5900.02.024.0001.27 ✓	LAS PALMAS MONTESSORI CCC#1 ✓	\$ 6,764.48 ✓
4.U2000.00.000.0057.00 ✓	GILBERTO DE LOS SANTOS ✓	\$ 8,418.72 ✓
5.U2000.00.000.0058.00 ✓	GILBERTO DE LOS SANTOS ✓	\$ 11,986.27 ✓

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	DATE: <u>3/21/12</u>	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	3/22/12	Phone (area code and number) (956) 318-2157


To apply for a tax refund, the taxpayer must complete the following

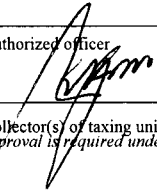
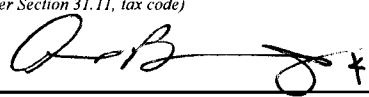
Step 1: Owner's name and address	Owner's name TREVINO DIANA & SAMUEL PAYER: RIO PROP VENTURES LLC *
	Present mailing address (number and street) PO BOX 3130
	City, town or post office, state, ZIP code EDINBURG, TX 78540
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALAMO LAND & SUGAR CO**

Step 2: Describe the property	Address or location of property:
	113185*
	Account number of property: A1800.00.052.0016.07
	Tax receipt number: OR

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2009*	08/31 / 2011	\$ 2613.44	\$ 2613.44
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2613.44*
Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASED SUPP 5					
TAXES DUE ON ACCT FOR 2011*					
HF					

Step 4: sign the 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."	
	Signature sign here 	Date of application for tax refund
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: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 3/22/12
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date 3/16/12*



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: Dec 31/12
J.C.S. 2/2/12

FRANCISCO J RANGEL
 DBA MI TIERRA ADULT DAYCARE
 2406 BROCK ST, STE 7
 MISSION, TX 78572

Account Number B3810-00-000-0010-00 HCAD No. 684701*
Legal Description of the Property Bouganvilla Estates Lot 10 1010 WEST B ST OWNER: RANGEL FRANCISCO J

2011 OVERAGE AMOUNT \$3,053.24

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 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	<i>FRANCISCO RANGEL*</i>		Relationship to Property Owner	<i>SELF</i>
	Mailing Address	<i>2406 BROCK ST. #7*</i>		Daytime Telephone Number	<i>(956) 400-5174</i>
	City, State, Zip Code	<i>MISSION, TX 78572</i>			
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u><i>2011*</i></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 <i>✓ - I Paid and Mortgage Paid Also</i>			
	<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	<i>3,053.24*</i>			
	Total tax, penalty, and interest amount owed for the year				
	Amount of refund claimed				
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				
	SIGN HERE	<i>Francisco J Rangel*</i>		Date of application <i>02/24/2012*</i>	
	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: <i>3/22/12</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	By: <i>[Signature]</i> Date: <i>3/12/12*</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: Dec 3/20/12
J.C. 3/20/12

LAS PALMAS MONTESSORI CCC # 1
 1723 W GRIFFIN PKWY
 MISSION, TX 78572

Account Number T5900-02-024-0001-27 HCAD No. 590226 *
Legal Description of the Property TOLLE #2 W149.56'-E1149.56'-N348.5' LOT 24-1 WAS TR 10 1.19AC GR 1.0AC NET 1723 W GRIFFIN PKWY AVE OWNER: GUEVARA ERNESTO & DORA

2011 OVERAGE AMOUNT \$6,764.48 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 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 <u>DORA GUEVARA *</u>	Relationship to Property Owner <u>OWNER</u>
	Mailing Address <u>1723 W GRIFFIN PKWY *</u>	Daytime Telephone Number <u>956-648-2737</u>
	City, State, Zip Code <u>MISSION, TX 78572</u>	
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	<u>6 764.48</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>6 764.48 *</u>
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	
	SIGN HERE <u><i>[Signature]</i> *</u>	Date of application <u>02-12-2012 *</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: <u><i>[Signature]</i></u> Date: <u>3/22/12</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u><i>[Signature]</i> *</u> Date: <u>3/14/12 *</u>

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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>DA 3/15/12</u> <i>J.C. 3/20/12</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178		City, town or post office, state, ZIP code EDINBURG TX 78540-0178

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name MIDDLETON DENNIS D & PAMELA M (PAID BY: GILBERTO DE LOS SANTOS)*
	Present mailing address (number and street) 375 ALABAMA ST 3RD FL
	City, town or post office, state, ZIP code SAN FRANCISCO, CA 94110

Phone (area code and number)
(956) 318-3033
Cell: 202-0369

Legal description (or attach copy of the tax bill or tax receipt): UNIVERSITY TERRACE LOT 57

Step 2: Describe the property	Address or location of property:
	310963 *
	Account number of property: U2000.00.000.0057.00
	Tax receipt number: OR 20606712

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	02/29	/ 2012	\$ 8418.72
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 8418.72 *

Taxpayer's reason for refund (attach supporting documentation): **PAID IN THE WRONG ACCT# 310963**
REFUND BACK TO TAX PAYER.*
NB

Step 4: sign the 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."	
	Signature <i>Gilberto de los Santos *</i>	Date of application for tax refund 3-7-12 *

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.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <i>[Signature]</i>	Date 3/22/12
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) <i>[Signature]</i>	Date 3/12/12 *

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>DEC 31/12</u> <i>J. C. 3/20/12</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178		City, town or post office, state, ZIP code EDINBURG TX 78540-0178

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name MIDDLETON DENNIS D & PAMELA M (PAID BY: GILBERTO DE LOS SANTOS) *	
	Present mailing address (number and street) 375 ALABAMA ST 3RD FL	
	City, town or post office, state, ZIP code SAN FRANCISCO, CA 94110	Phone (area code and number) (956) H 383-3033 <i>cell # 207-0369</i>
Legal description (or attach copy of the tax bill or tax receipt): UNIVERSITY TERRACE LOT 58		

Step 2: Describe the property	Address or location of property:	
	310964 *	
	Account number of property: U2000.00.000.0058.00	Tax receipt number: OR 20606712

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	02/29 / 2012	\$ 11986.27	\$ 11986.27
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 11986.27 *
Taxpayer's reason for refund (attach supporting documentation): PAID IN THE WRONG ACCT# 310964					
REFUND BACK TO TAX PAYER. *					
NB					

Step 4: sign the 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."	
	Signature sign here <i>Gilberto de los Santos *</i>	Date of application for tax refund 3-7-12 *
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.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here <i>[Signature]</i>	Date 3/22/12
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here <i>[Signature]</i>	Date 3/12/12 *