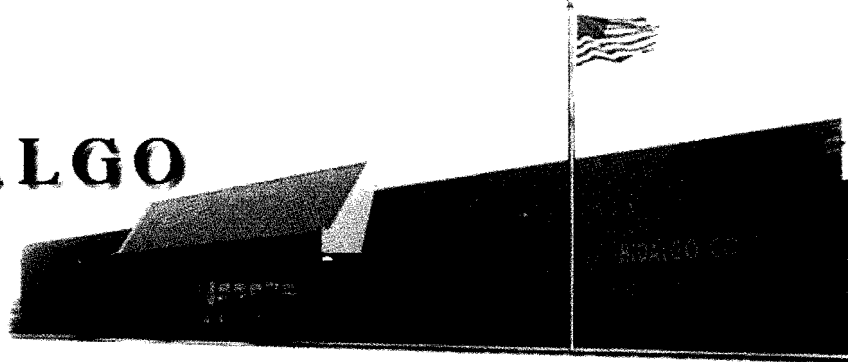


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr., RTA

Assessor and Collector

April 18, 2012

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

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

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.

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

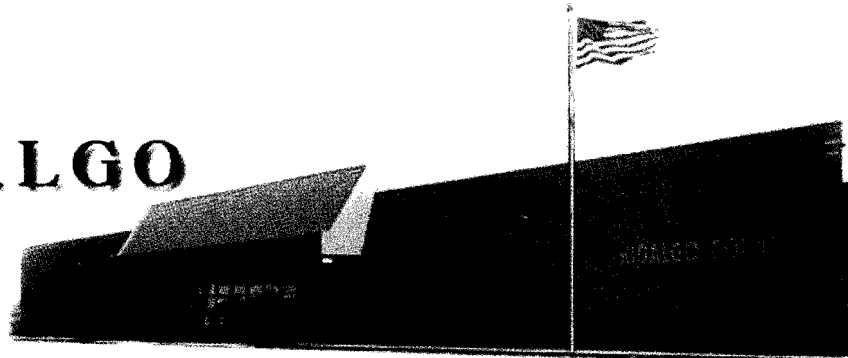
Abj: mm

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.C2300.93.002.0003.00	TISDALE MOTOR CO	\$ 3,627.74
2.I4000.99.000.0008.02	MULTI-CHEM GROUP LLC	\$ 4,699.41
3.K2400.00.000.0036.08	SIERRA TITLE OF HIDALGO COUNTY	\$ 7,706.57
4.M4900.00.000.0081.00	KING GUERRA DAVIS & GARCIA	\$ 6,599.81
5.P8905.00.000.0000.00	INTER NATIONAL BANK	\$ 2,932.43
6.T2100.99.244.0004.07	ECOREC RIO GRANDE VALLEY INC	\$ 2,791.78
7.V3317.01.000.0021.00	PUENTE, OTILIO V & ALVINA C	\$ 2,806.04
8.W0100.00.036.0008.01	PIC-N-PAC DRIVE INN GROCERY	\$ 2,629.63
9.W2370.99.002.0002.00	FEDEX GROUND PACKAGE SYSTEM INC	\$ 6,052.14



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: 03/21/2012

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 4/16/12
 J.C. 4/17/12

TISDALE MOTOR CO
 216 E US HIGHWAY 83
 MCALLEN, TX 78501-8934

Account Number
 C2300-93-002-0003-00
 HCAD No. 560689

Legal Description of the Property
 SPECIAL INVENTORY AT 216 EAST HIGHWAY
 83 (SEE C2300-99-002-0003-00)

216 E HWY 83

OWNER: TISDALE MOTOR CO

2011 OVERAGE AMOUNT \$3,627.74

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 80: CITY OF MCALLEN(X)

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	Tisdale Motor Company*		Relationship to Property Owner
	Mailing Address	216 E. US Highway 83*		Daytime Telephone Number
	City, State, Zip Code	McAllen, TX 78501-8934		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2011* 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		\$ 3,627.74*	
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	John P. Barrera*		Date of application
	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: [Signature]	Date: 4/17/12
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 4/4/12*

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

4/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	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 MULTI-CHEM GROUP LLC ✕
	Present mailing address (number and street) 5301 KNICKERBOCKER RD, STE 200 ✕
	City, town or post office, state, ZIP code SAN ANGELO, TX 76904 ✕
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY & VEHICLES AT 400 EAST CEDAR AVENUE
	Address or location of property: P696721 ✕
	Account number of property: I4000-99-000-0008-02 ✕
	Tax receipt number: OR 13238046

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	2008 ✕	1/22 / 2009	\$ 4,699.41 ✕	\$ 4,699.41 ✕
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$ TOTAL	\$ 4,699.41 ✕
Taxpayer's reason for refund (attach supporting documentation): SUPPL 39 - PERSONAL PROPERTY DOUBLE ASSESSED WITH 00027-90-310-0005-20 & 00027-90-310-0005-10 MF					

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
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/13/12 <i>D. C. Williams</i>
	Authorized officer sign here	Date 4/13/12	
	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 4/12/12	

4/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	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 SIERRA TITLE OF HIDLGO COUNTY <i>+</i>
	Present mailing address (number and street) 7000 N 10th ST, 2nd FLOOR, STE C-5 <i>+</i>
	City, town or post office, state, ZIP code MCALLEN, TX 78504 <i>+</i>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT N260'-S330' E660'**

Step 2: Describe the property	LOT 36
	Address or location of property: 201909 <i>+</i>
	Account number of property: K2400-00-000-0036-08 <i>+</i>
	Tax receipt number: 19209095

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	11/30	/ 2011	\$ 46,239.34 <i>+</i>
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 7,706.57 <i>Λ</i>

Taxpayer's reason for refund (attach supporting documentation): **SUPPL 6 - WRONG LAND RATE APPLIED**

MF

**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: *[Signature]* 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 Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: *PN* **4/13/12**

Authorized officer: *[Signature]* Date: **4/17/12**

Collecto(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code): *[Signature]* Date: **4/12/12**

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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-ICC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	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 LEONOR ZARATE PAID BY: KING GUERRA DAVIS & GARCIA*
	Present mailing address (number and street) 1201 W 23RD PL
	City, town or post office, state, ZIP code MISSION, TX 78574-2223
	Phone (area code and number) 585-1622 DARRELL

Legal description (or attach copy of the tax bill or tax receipt): **MISSION ACRES N 40' OF LOT 81**

Step 2: Describe the property	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Address or location of property:	DATE: Dec 4 11/31/12
	237983*	<i>J.C. 4/17/12</i>
	Account number of property:	Tax receipt number:
	M4900.00.000.0081.00	OR 16812299

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	2004*	11/17 / 10	\$ 666.01	\$ 666.01*
	2. ALL ENTITIES	2003*	11/17 / 10	\$ 718.18	\$ 718.18*
	3. ALL ENTITIES	2002*	11/17 / 10	\$ 467.95	\$ 467.95*
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 6599.81

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. CON'T**
REFUND BACK TO KING GUERRA DAVIS & GARCIA.* REF#T-172-09-I
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 <i>[Signature]</i>	Date of application for tax refund 3/01/2012*
	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.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <i>[Signature]</i>	Date 4/17/12
	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	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	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 F RAMCO ENTERPRISES LLP 4 PAYER: INTER NATIONAL BANK 4
	Present mailing address (number and street) 5224 N CAGE BLVD STE 3 4
	City, town or post office, state, ZIP code PHARR TX 78577 4
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PRINCIPLE BNG A TRACT OF 188.70**

Step 2: Describe the property	Address or location of property:
	660189 4
	Account number of property:
	P8905.00.000.0000.00 4
	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	2011 4	12/27 / 2011	\$ 18345.76 4	\$ 2932.43 4
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2932.43 4
Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE SUPP6					
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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/13/12 4/17/12
	Authorized officer sign here	Date 4/17/12	
	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 4/12/12	

4/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157


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

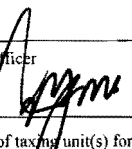
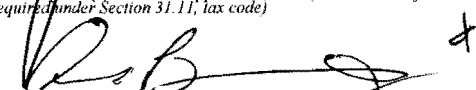
Step 1: Owner's name and address	Owner's name PUENTE, OTILIO V & ALVINA Cd
	Present mailing address (number and street) 3520 DUTCHESS
	City, town or post office, state, ZIP code EDINBURG, TX 78539
	Phone (area code and number)

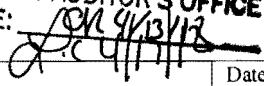
Legal description (or attach copy of the tax bill or tax receipt): **VICTORIA HEIGHTS PH 1 LT 21**

Step 2: Describe the property	Address or location of property:
	627886
	Account number of property: V3317.01.000.0021.00 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	2010	10/31 / 2010	\$ 2806.04	\$ 2806.04
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2806.04
Taxpayer's reason for refund (attach supporting documentation): GRANTED DVHS					
SUPP 6					
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 4/27/12
	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 4/12/12

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **APR 13 2012**


4/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157


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

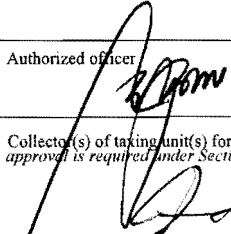
Step 1: Owner's name and address	Owner's name SAGREDO, ISRAEL # PAYER: PIC-N-PAC DRIVE INN GROCERY #
	Present mailing address (number and street) PO BOX 1022 #
	City, town or post office, state, ZIP code MISSION, TX 78573 #
	Phone (area code and number)


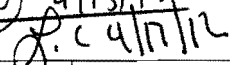
Legal description (or attach copy of the tax bill or tax receipt): **WEST ADDN TO SHARYLAND**

Step 2: Describe the property	Address or location of property:
	317893 #
	Account number of property: W0100.00.036.0008.01 #
	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	2008	01/30 / 2009	\$ 9307.36 #	\$ 2629.63 #
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2629.63 #
Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE					
SUPP 6					
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 4/17/12
	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)	Date 4/12/12

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE:  4/13/12
 4/17/12

4/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX 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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 4/17/12 <i>J. C. [Signature]</i>
	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 FEDEX GROUND PACKAGE SYSTEM INC *	
Owner's name and address	Present mailing address (number and street) 1000 FED EX DR *	
	City, town or post office, state, ZIP code MOONTWP, PA 15108-9373	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIES FURNITURE FIXTURES**

Step 2:	Describe the property	
	Address or location of property: 655595 *	
	Account number of property: W2370.99.002.0002.00	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	2011 *	01/31 / 2012	\$ 29577.96	\$ 6052.14
		2.		/	\$	\$
		3.		/	\$	\$
		4.		/	\$	\$
		5. TOTAL		/	\$	\$ 6052.14 *
	Taxpayer's reason for refund (attach supporting documentation): CORRECTION OF NON-CLERICAL ERROR					
	SEC 25.25(D) *					
	SUPP 06 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 4/17/12
	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 4/17/12 *

4/12