

Office of Tax Assessor-Collector

**COUNTY of HIDALGO**



*Armando Barrera Jr., RTA*

Assessor and Collector

April 30, 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., RTA*

Assessor and Collector

P.O. Box 178  
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ACCOUNT NUMBER	PAYER	AMOUNT
1.S2982.00.000.0015.00	RIDGE CBF MCALLEN II LLC	\$ 2,718.27
2.S2982.00.000.0015.00	RIDGE CBF MCALLEN II LLC	\$ 2,720.16
3.S2982.00.000.0015.00	RIDGE CBF MCALLEN II LLC	\$ 20,647.47
4.S3004.02.000.0004.00	RIDGE CBF MCALLEN II LLC	\$ 2,596.47
5.S3004.02.000.0004.00	RIDGE CBF MCALLEN II LLC	\$ 2,597.25
6.S3004.02.000.0003.00	RIDGE CBF MCALLEN II LLC	\$ 13,196.70



# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <del>DEC 31 15 12</del> 4/24/12
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	
Phone (area code and number) <b>(956) 318-2157</b>	

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

<b>Step 1:</b>	Owner's name <b>RIDGE CBF MCALLEN II LLC †</b>
<b>Owner's name and address</b>	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400 †</b>
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND BUSINESS PARK LT 15**

<b>Step 2:</b>	<b>Describe the property</b>
	Address or location of property: <b>623968 †</b>
	Account number of property: <b>S2982.00.000.0015.00</b>
	Tax receipt number: <b>OR</b>

<b>Step 3:</b>	<b>Give the tax payment information</b>	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 †	01/29 / 2010	\$ 21518.14	\$ 2718.27 †
		2.		/	\$	\$
		3.		/	\$	\$
		4.		/	\$	\$
		5. TOTAL		/	\$	\$ 2718.27 †
		Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2656-09-A †</b>				
		<b>HF</b>				

<b>Step 4:</b>	<b>sign the form</b>
	"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 <b>sign here</b>
	Date of application for tax refund
	<b>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.</b>

<b>Step 5:</b>	<b>Tax refund Determination</b>
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Authorized officer <b>sign here</b>
	Date <b>4/26/12</b>
	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)
	<b>sign here</b>
	Date <b>7/12/12 †</b>

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	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) <b>P O BOX 178</b>	DATE: <u>06/30/12</u> <i>J.C. 4/26/12</i>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>RIDGE CBF MCALLEN II LLC</b> †
	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400</b> †
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND BUSINESS PARK LT 15**

<b>Step 2: Describe the property</b>	Address or location of property: <b>623968</b> †
	Account number of property: <b>S2982.00.000.0015.00</b>
	Tax receipt number: <b>OR</b>

<b>Step 3: Give the tax payment information</b>	<b>Name Of Taxing Unit from Which Refund is Requested</b>	<b>Year for Which Refund is Requested</b>	<b>Date of the Tax Payment</b>	<b>Amount of Taxes Paid</b>	<b>Amount of Tax Refund Requested</b>
	1. ALL ENTITIES	2010 †	01/31 / 2011	\$ 21533.14	\$ 2720.16
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2720.16 †
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2656-09-A</b> †					
HF					

<b>Step 4: sign the form</b>	"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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here → <i>[Signature]</i>	Date <b>4/26/12</b>
	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 <b>3/12/12</b> †

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <del>3/15/12</del> <b>3/26/12</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	
Phone (area code and number) <b>(956) 318-2157</b>	

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

<b>Step 1:</b>	Owner's name <b>RIDGE CBF MCALLEN II LLC*</b>	
<b>Owner's name and address</b>	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400*</b>	
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND BUSINESS PARK LT 15**

<b>Step 2:</b>	Describe the property	
	Address or location of property: <b>623968*</b>	
	Account number of property: <b>S2982.00.000.0015.00</b>	Tax receipt number: <b>OR</b>

<b>Step 3:</b>	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
<b>Give the tax payment information</b>	1. ALL ENTITIES	2011	01/20 / 2012*	\$ 74146.74	\$ 20647.47
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 20647.47*
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2667-11-D*</b>					
HF					

<b>Step 4:</b>	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
<b>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.</b>		

<b>Step 5:</b>	Tax refund Determination	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date <b>4/26/12</b>
	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 <b>3/12/12*</b>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>03/15/12</b> <i>J. C. [Signature]</i>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b>	Owner's name <b>RIDGE CBF MCALLEN II LLC *</b>	
<b>Owner's name and address</b>	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400 *</b>	
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND SERVICE CENTER #2 LT 4**

<b>Step 2:</b>	<b>Describe the property</b>	
	Address or location of property: <b>639132 *</b>	
	Account number of property: <b>S3004.02.000.0004.00</b>	Tax receipt number: <b>OR</b>

<b>Step 3:</b>	<b>Give the tax payment information</b>				
	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 *	01/20 / 2012	\$ 55249.92	\$ 2596.47
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2596.47 *
	Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2656-09-A *</b>				
	HF				

<b>Step 4:</b>	<b>sign the form</b>	
	"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
	<b>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.</b>	

<b>Step 5:</b>	<b>Tax refund Determination</b>	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date <b>4/26/12</b>
	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 <b>3/12/12 *</b>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <u>DA 3/15/12</u> <i>J.C. 4/26/12</i>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	
Phone (area code and number) <b>(956) 318-2157</b>	

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

<b>Step 1:</b>	Owner's name <b>RIDGE CBF MCALLEN II LLC*</b>
<b>Owner's name and address</b>	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400*</b>
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND SERVICE CENTER #2 LT 4**

<b>Step 2:</b>	Describe the property	
	Address or location of property: <b>639132*</b>	
	Account number of property: <b>S3004.02.000.0004.00</b>	Tax receipt number:
	<b>OR</b>	

<b>Step 3:</b>	<b>Give the tax payment information</b>	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*	01/31 / 2011	\$ 55266.03	\$ 2597.25
		2.		/	\$	\$
		3.		/	\$	\$
		4.		/	\$	\$
		5. TOTAL		/	\$	\$ 2597.25*
	Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2656-09-A*</b>					
	HF					

<b>Step 4:</b>	<b>sign the form</b>	
	"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.	

<b>Step 5:</b>	<b>Tax refund Determination</b>	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date <b>4/26/12</b>
	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 <b>3/12/12*</b>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	DATE: <u>03/15/12</u> <i>J. Chappell</i>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>RIDGE CBF MCALLEN II LLC*</b>
	Present mailing address (number and street) <b>8430 W BRYN MAWR STE 400*</b>
	City, town or post office, state, ZIP code <b>CHICAGO, IL 60631</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND SERVICE CENTER #2 LT 3**

<b>Step 2:</b> Describe the property	Address or location of property:  <b>639130*</b>
	Account number of property: <b>S3004.02.000.0003.00</b>
	Tax receipt number: <b>OR</b>

<b>Step 3:</b> 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*	01/20 / 2012	\$ 83118.55	\$ 13196.70
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 13196.70*
	Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-2668-11-C*</b>				
	HF				

<b>Step 4:</b> 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
	<b>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.</b>	

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date <b>4/20/12</b>
	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 <b>3/12/12*</b>