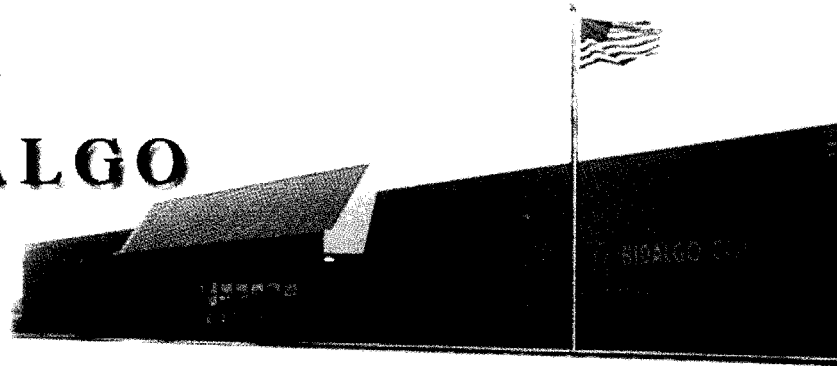


Office of Tax Assessor-Collector

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

November 21, 2012

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as recommended by the County Auditor.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

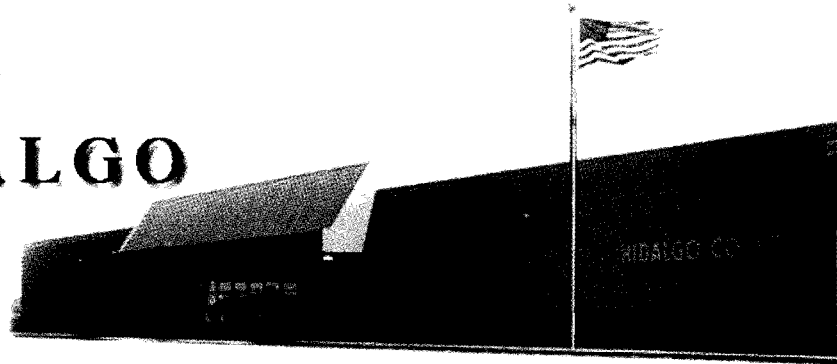
Armando Barrera, Jr. RTA

mgf

Enclosure

cc: Raymundo Eufracio, CPA
Hidalgo County Auditor

Office of Tax Assessor-Collector
COUNTY of HIDALGO



Armando Barrera Jr., R7A
Assessor and Collector

P.O. Box 178
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ACCOUNT NUMBER	PAYER	AMOUNT
E3200.00.00D.0003.01	CELIA P. & ARTURO VALE	\$2,761.40
W0100.00.051.0008.00	JUAN D. & ISABEL GARZA	\$5,039.33
W3800.00.183.0000.02	BAC TAX SERVICES	\$5,690.92

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W3800.00.183.0000.02	BAC TAX SERVICES	\$5,690.92

REVIEWED BY: JULIO ESPINOSA _____
DATE: _____
APPROVED FOR AGENDA POSTING: _____

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: <i>Dec 11/12</i>	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	<i>J.C. 11/15/12</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 VALE ARTURO PD BY: CELIA P. & ARTURO VALE *
Owner's name and address	Present mailing address (number and street) 2502 SAN ALEJANDRO ST *
	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): **EDINBURG ADJ AC LOT 3 BLK D 175x150FT .595 AC**

Step 2:	Describe the property ; DELETE FOR 2007 DBL W/-02	
	Address or location of property: 163900 *	
	Account number of property: E3200.00.00D.0003.01	Tax receipt number: OR 12770895,2020736

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 *	12-29,12-31 / 2008	\$ 2761.40	\$ 2761.40
		2.		/	\$	\$
		3.		/	\$	\$
		4.		/	\$	\$
		5.		/	\$ TOTAL	\$ 2761.40 *
	Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE *					
	RF120908					
	GP					

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>[Signature]</i>	Date of application for tax refund Date
	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 11/19/12
	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 10/31/12 *

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>06/11/12</i> <i>J. C. 11/15/12</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		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 GARZA JUAN D & ISABEL *	
Owner's name and address	Present mailing address (number and street) 11855 N MAYBERRY *	
	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 S 18.55AC LOT 51-8**

Step 2:	Describe the property	
	Address or location of property: 319070 *	
	Account number of property: W0100.00.051.0008.00	Tax receipt number: OR 19003625,20537273

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 *	11-07,1-31 / 2011,2012	\$ 5130.45	\$ 5039.33	
	2.		/	\$	\$	
	3.		/	\$	\$	
	4.		/	\$	\$	
	5.		/	\$ TOTAL	\$ 5039.33 *	
	Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE, * AG EXCL					
	RF120908					
	GP					

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 sign here	Date 11/19/12
	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 10/31/12 *

11/1

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: DA 11/7/12 <i>J.C. 11/15/12</i>	Phone (area code and number) (956) 318-2157
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 OLIVAREZ LAZARO G & FELIA B PD BY: BAC TAX SERVICES
	Present mailing address (number and street) 1757 TAPO CANYON ROAD
	City, town or post office, state, ZIP code SIMI VALLEY, CA 93063

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT E330' - W660' - N660' FT 183 5.00AC**



Step 2: Describe the property	GR 4.77AC NET	
	Address or location of property: 458081	
	Account number of property: W3800.00.183.0000.02	Tax receipt number: OR 19297901



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	12-09	/ 2011	\$ 5706.76
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 5690.92

Taxpayer's reason for refund (attach supporting documentation): **VETERAN CHANGED HS**

RF120908

GP

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."	
	sign here  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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here  Authorized officer <i>[Signature]</i>	Date 11/14/12
	sign here  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 10/31/12