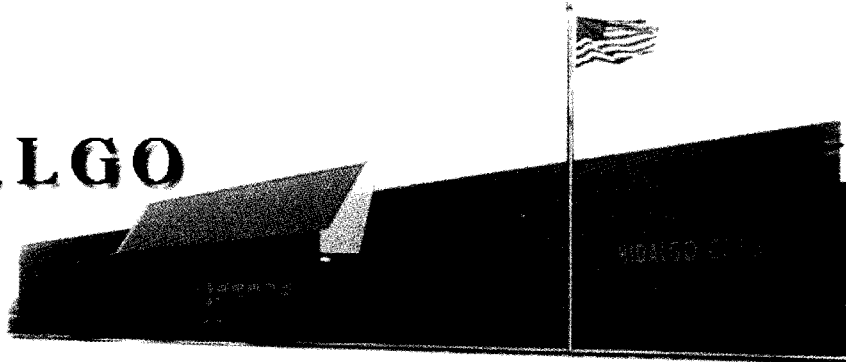


Office of Tax Assessor-Collector

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

December 11, 2012

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is erroneous and/or excessive. 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 required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

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

Respectfully,

Armando Barrera, Jr. RTA

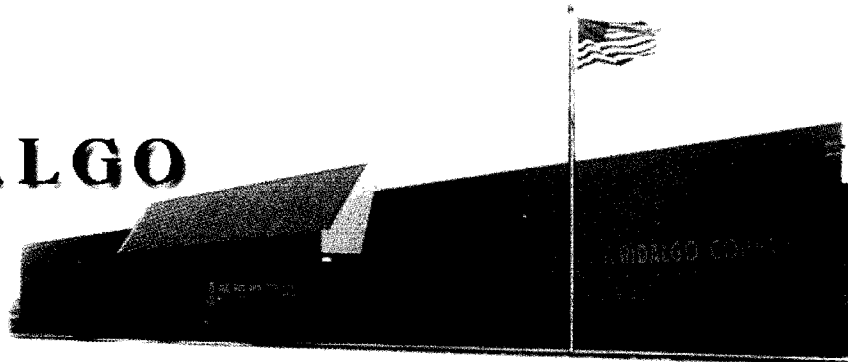
mgf

Enclosure

cc: Raymundo Eufrazio, CPA
Hidalgo County Auditor

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 |
|----------------------|---------------------------|------------|
| H2042.00.000.001A.00 | TR VALLEY LAND & HOLDINGS | \$6,640.81 |
| T2100.00.243.0005.04 | CHASE HOME FINANCE | \$5,514.56 |



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: 12/15/2011

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: Dec 11/28/12/CA 12-7-12
J.C. 12/8/12

VOLVO CONSTRUCTION EQUIPMENT RENTS
35 SPRINGHOUSE ROAD
SHIPPENSBURG, PA 17257

| |
|---|
| Account Number H2042-00-000-001A-00 HCAD No. 622511* |
| Legal Description of the Property HENNING ENTERPRISES LOT 1A 4017 N CAGE BLVD OWNER: TR VALLEY LAND & HOLDINGS LLC |

2011 OVERAGE AMOUNT \$6,640.81

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 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.

| | | |
|--|---|---|
| Step 1: Identify the Payer requesting the refund if different than shown above | Name <i>TR Valley Land + Holdings *</i> | Relationship to Property Owner <i>Owner</i> |
| | Mailing Address <i>PO Box 10904</i> | Daytime Telephone Number <i>956-287-0021</i> |
| | City, State, Zip Code <i>Pharr TX 78577</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>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 | <i>6640.81</i> |
| | Total tax, penalty, and interest amount owed for the year | |
| | Amount of refund claimed | <i>6640.81*</i> |
| 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>M. V. V. *</i> | Date of application <i>9/11/12*</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>12/20/12</i> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <i>10/31/12*</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: 12/22/2010

11022419

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: Dec 11/20/12 12-7-12
J.C. 12/12

CORELOGIC

1 CORELOGIC DR MAIL CODE: 4-5
 WESTLAKE, TX 76262

| |
|---|
| Account Number T2100-00-243-0005-04 HCAD No. 295720* |
| Legal Description of the Property TEX-MEX SURVEY W705.70'-S231.7'-N660' LOT 5 SEC 243 3.64 AC NET 3106 N ROEGIERS OWNER: RODRIGUEZ RICARDO P JR File# 0111103719588234 2010 OVERAGE AMOUNT \$5,514.56 |

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 41: EDINBURG 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.

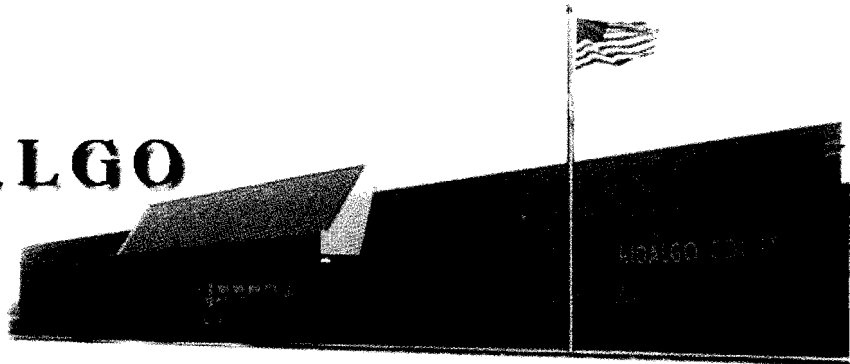
| | | |
|--|---|---|
| Step 1: Identify the Payer requesting the refund if different than shown above | Name <u>CHASE Home Finance*</u> | Relationship to Property Owner <u>MORTGAGE COMPANY</u> |
| | Mailing Address <u>PO Box 24695 COLUMBUS OH 43224-9935</u> | Daytime Telephone Number <u>614-422-2015</u> |
| | 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>2010</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 <u>BOTH CHASE AND MR. RODRIGUEZ MADE PAYMENTS</u> | |
| | <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>\$5,514.56*</u> |
| | Total tax, penalty, and interest amount owed for the year | |
| | Amount of refund claimed | |
| 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>[Signature]</u> | Date of application <u>12/17/12*</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: <u>[Signature]</u> Date: <u>12/10/12</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>[Signature]</u> Date: <u>12/31/12*</u> |

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

11/1

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

December 11, 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

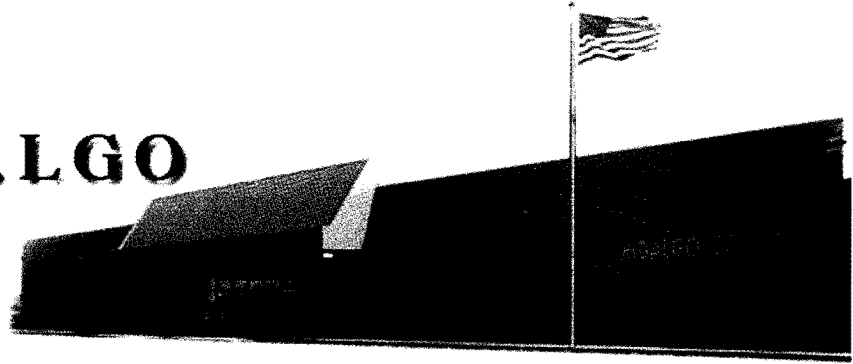
mgf

Enclosure

cc: Raymundo Eufrazio, CPA
Hidalgo County Auditor

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 |
|----------------------|-----------------------------------|------------|
| E3200-00-00D-0003-01 | VALE ARTURO & CELIA P | \$2,690.71 |
| G1100-00-000-0003-00 | WELLS FARGO | \$3,676.81 |
| K2400-00-000-0113-20 | FIRST NATIONAL BANK | \$6,861.81 |
| P2750-01-000-0012-00 | TANGUMA ESEQUIEL | \$3,550.27 |
| P4401-00-000-0036-00 | CORELOGIC | \$4,334.30 |
| Q0950-00-002-0001-00 | AHMSI MORTGAGE | \$3,066.01 |
| S2200-00-03C-0003-00 | JUAREZ JENNIFER L & HECTOR JUAREZ | \$6,336.03 |

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 DATE: <i>DA 11/28/12 / CA 12-7-12</i> <i>J.C. 12/8/12</i> |
| 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 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) |

| | |
|------------------------------|---|
| Step 2: | Legal description (or attach copy of the tax bill or tax receipt): EDINBURG ADJ AC LOT 3 BLK D 175x150FT .595 AC |
| Describe the property | ; DELETE FOR 2007 DBL W/-02 |
| | Address or location of property: 163900 † |
| | Account number of property: E3200.00.00D.0003.01 OR Tax receipt number: 10337085,200963 |

| | | | | | | |
|----------------|---|---|------------------------------------|-------------------------|----------------------|--------------------------------|
| 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 | 2007 † | 12-27, 12-28 / 2007 | \$ 2690.71 | \$ 2690.71 |
| | | 2. | | / | \$ | \$ |
| | | 3. | | / | \$ | \$ |
| | | 4. | | / | \$ | \$ |
| | | 5. | | / | \$ TOTAL | \$ 2690.71 † |
| | | 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." | |
| | 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 official | Date |
| | | | 12/10/12 |
| | 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) | Date |
| | | | 10/31/12 † |

APPLICATION FOR TAX REFUND

| | | |
|---|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 11/2012</u> <i>P. C. 11/26/12</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 GONZALEZ DAVID F & ELMA PAID BY: WELLS FARGO |
| | Present mailing address (number and street) 3012 MARIA LUISA ST |
| | City, town or post office, state, ZIP code EDINBURG, TX 78539 |

Legal description (or attach copy of the tax bill or tax receipt): **GARDENIA LOT 3**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: |
| | 177327 |
| | Account number of property: G1100.00.000.0003.00 OR 21155696 |
| | Tax receipt number: |

| 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 | 8/21 / 2012 | \$ 3676.81 | \$ 3676.81 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 3676.81 |

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

RF120908

JN

| | | |
|----------------------------------|--|------------------------------------|
| 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 11/27/12 |
| | 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 10/31/12 |

11/1

APPLICATION FOR TAX REFUND

| | | |
|---|--|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 11/20/12</u> <i>J. C. 11/24/12</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) 318-2173 |

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

| | |
|---|---|
| Step 1: Owner's name and address | Owner's name CANO JOSE L & MARIA E PAID BY: FIRST NATIONAL BANK * |
| | Present mailing address (number and street) 815 E ELDORA RD |
| | City, town or post office, state, ZIP code PHARR, TX 78577 |

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT**


| | | |
|--|--|---|
| Step 2: Describe the property | W113.7'-E440.83'SOUTH 660' LOT 113 1.7225AC | |
| | Address or location of property: 815 E ELDORA RD | |
| | 202357* | |
| | Account number of property: K2400.00.000.0113.20 | Tax receipt number: OR 21183467 |

| 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* | 8/31 | / 2012 | \$ 6861.81 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 6861.81* |



Taxpayer's reason for refund (attach supporting documentation): **HOMESTEAD ADDED* DV**

RF120908

JN

| | | |
|----------------------------------|--|------------------------------------|
| 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 office sign here  | Date 11/27/12 |
| | 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 10/31/12* |

11/1

APPLICATION FOR TAX REFUND

| | | | | | | | |
|--|---|--|--|--|-------------------------------------|--------------------------------------|-------------|
| Collection office name HIDALGO COUNTY TAX OFFICE | | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>Dec 11/19/12</i> <i>J. C. 11/19/12</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 | | | | 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 TANGUMA ESEQUIEL & NORMA PD BY: ESEQUIEL TANGUMA * | | | | | | |
| | Present mailing address (number and street) P.O. BOX 1624* | | | | | | |
| | City, town or post office, state, ZIP code LA JOYA, TX 78560 | | | | Phone (area code and number) | | |
| Legal description (or attach copy of the tax bill or tax receipt): PALMSHORES #1 LOT 12 | | | | | | | |
| Step 2: Describe the property | Address or location of property: | | | | | | |
| | 255177* | | | | | | |
| | Account number of property: | | | Tax receipt number: | | | |
| | P2750.01.000.0012.00 | | | OR | | | |
| | | | 20542124 | | | | |
| 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* | 02-16 | / 2012 | \$ 3550.27 | \$ 3550.27 |
| | 2. | | | | / | \$ | \$ |
| | 3. | | | | / | \$ | \$ |
| | 4. | | | | / | \$ | \$ |
| | 5. | | | | / | \$ TOTAL | \$ 3550.27* |
| | Taxpayer's reason for refund (attach supporting documentation): VETERAN CHANGE *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 | | | Date | | | |
| | 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) | | | Date | | | |

11/1

APPLICATION FOR TAX REFUND

| | | |
|---|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>11/19/12</i> | Collecting tax for: (Tax Units) GHD-SST-DRI-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 AYALA JAIME & TRINIDAD PD BY: CORELOGIC* |
| | Present mailing address (number and street) ICORELOGIC DR MAIL CODE:4-5* |
| | City, town or post office, state, ZIP code WESTLAKE, TX 76262 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PASEO DEL ANGEL (AMENDED) LOT 36**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 698787* |
| | Account number of property: P4401.00.000.0036.00 |
| | Tax receipt number: OR 19658607 |
| | |

| | | | | | |
|---|---|---|--------------------------------|-----------------------------|---------------------------------------|
| 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 * | 12-29 / 2011 | \$ 4334.30 | \$ 4334.30 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. | | / | \$ TOTAL | \$ 4334.30 * |

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 <i>Signature</i> | 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 <i>Authorized officer</i> | Date 11/27/12 |
| | sign here <i>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> | Date 10/31/12* |

111

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 DATE: DS 11/19/12 <i>J. Callahan</i> |
| 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 BARRERA ALFREDO & LAZARA PD BY: AHMSI MORTGAGE † |
| Owner's name and address | Present mailing address (number and street) 885 QUAIL HOLLOW DR. † |
| | City, town or post office, state, ZIP code WESLACO, TX 78596 |
| | Phone (area code and number) |

| | |
|------------------------------|--|
| Step 2: | Legal description (or attach copy of the tax bill or tax receipt): QUAIL HOLLOW LOT 1 BLK 2 |
| Describe the property | Address or location of property: 555984 † |
| | Account number of property: Q0950.00.002.0001.00 OR Tax receipt number: 19857115 |

| | | | | | | |
|----------------|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| 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 † | 12-29 / 2011 | \$ 3066.01 | \$ 3066.01 |
| | | 2. | | / | \$ | \$ |
| | | 3. | | / | \$ | \$ |
| | | 4. | | / | \$ | \$ |
| | | 5. | | / | \$ TOTAL | \$ 3066.01 † |
| | | Taxpayer's reason for refund (attach supporting documentation): VETERAN CHANGE † 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 | Date |
| | | <i>[Signature]</i> | 11/27/12 |
| | 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) | Date |
| | | <i>[Signature]</i> † | 10/31/12 † |

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>Dec 11/12</u> <i>R. C. [Signature]</i> | |
| 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 JUAREZ JENNIFER LEA PD BY: JENNIFER L & HECTOR JUAREZ † | |
| | Present mailing address (number and street) P.O. BOX 551 † | |
| | City, town or post office, state, ZIP code PENITAS, TX 78576 | Phone (area code and number) [Redacted] |

Legal description (or attach copy of the tax bill or tax receipt): **SCHUNIOR TR 3 SH 3 (LOT 9) 3.06 AC**

| | | |
|---|----------------------------------|---------------------|
| Step 2: Describe the property | Address or location of property: | |
| | 279652 † | |
| | Account number of property: | Tax receipt number: |
| | S2200.00.03C.0003.00 | OR 19289058 |

| | | | | | |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| 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 † | 12-08 / 2011 | \$ 6336.03 | \$ 6336.03 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. | | / | \$ TOTAL | \$ 6336.03 † |
| Taxpayer's reason for refund (attach supporting documentation): DVHS † | | | | | |
| 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 Signature] | Date 11/27/12 |
| | sign here [Collector Signature] | Date 10/31/12 † |