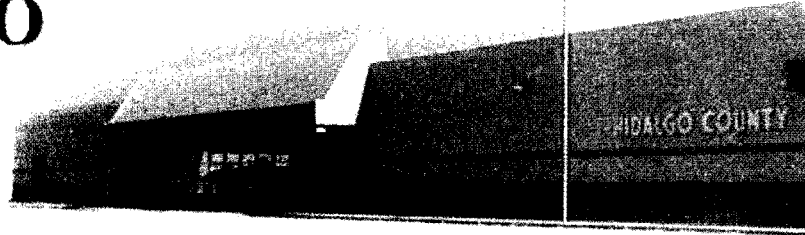


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**



*Pablo "Paul" Villarreal, Jr. RTA*  
Assessor and Collector

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

APRIL 12, 2013

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,

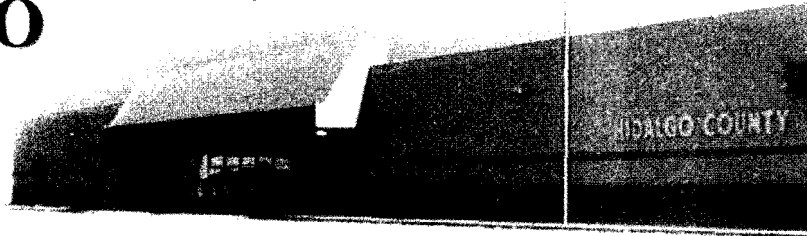
Pablo (Paul) Villarreal, Jr., RTA

nlr

Enclosure

cc: Raymundo Eufracio, CPA  
Hidalgo County Auditor

Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**



*Pablo "Paul" Villarreal, Jr. RTA*  
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ACCOUNT NUMBER	PAYER	AMOUNT
L1100.02.003.0114.11	Castaneda Geronimo & Noemi	\$3,099.84
M5500.00.026.0001.00	D & M Finance CO LLC	\$4,839.66
R9999.94.UPR.0001.00	Union Pacific Railroad	\$2,862.97
S5950.00.010.0002.00	US Bank Mortgage	\$7,637.77
T3800.00.000.0047.00	Reynaldo Ortiz	\$2,760.78
W3800.00.171.0000.15	First National Bank	\$3,095.48

# APPLICATION FOR TAX REFUND

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

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

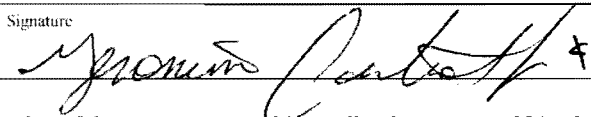
<b>Step 1: Owner's name and address</b>	Owner's name <b>CASTANEDA GERONIMO &amp; NOEMI *</b>	
	Present mailing address (number and street) <b>10869 N MOOREFIELD RD</b>	
	City, town or post office, state, ZIP code <b>MISSION, TX 78574</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LA HOMA RANCH**

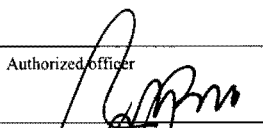
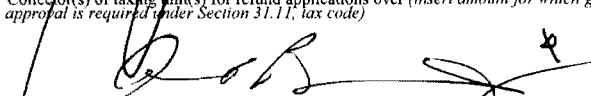
<b>Step 2: Describe the property</b>	Address or location of property: <b>501722 *</b>	
	Account number of property: <b>L1100.02.003.0114.11</b>	Tax receipt number: <b>OR 13899625/13889173</b>

<b>Step 3: 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	2005 *	03/16 / 2009	\$ 388.52	\$ 388.52 *
	2.	2005 *	03/12 / 2009	\$ 37.07	\$ 37.07 *
	3.	2004 *	03/12 / 2009	\$ 112.93	\$ 112.93 *
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 538.52 *

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ON ACCT# 501722 \***  
**CORRECT ACCT# 513305 \***  
**NB**

<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 <b>3-2-12 *</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>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here  *	Date <b>4/4/13</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>3/2/12 *</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>	<b>DATE: 3/2/12</b> <i>3/14/12 4/4/13</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>MENDEZ MARIA ELENA ( PAID BY: CASTANEDA, GERONIMO &amp; NOEMI )</b>
	Present mailing address (number and street) <b>2709 COVINA AVE</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78503</b>

Legal description (or attach copy of the tax bill or tax receipt): **LA HOMA RANCH**

<b>Step 2: Describe the property</b>	Address or location of property: <b>501722*</b>
	Account number of property: <b>L1100.02.003.0114.11</b>
	Tax receipt number: <b>20586867</b>
	<b>OR</b>

<b>Step 3: 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	2011 *	02/27	/ 2012	\$ 545.52
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 545.52 *

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ON ACCT# 501722\***  
**CORRECT ACCT# 513305\***  
**NB**

<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 <i>[Signature]</i> *	Date of application for tax refund <b>3-2-12*</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>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>4/4/13</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>3/2/12*</b>

3/2

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <i>J. 03/11/12</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) <b>P O BOX 178</b>		Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</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>CASTANEDA GERONIMO &amp; NOEMI</b>	
	Present mailing address (number and street) <b>10869 N MOOREFIELD RD</b>	
	City, town or post office, state, ZIP code <b>MISSION, TX 78574</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LA HOMA RANCH**

<b>Step 2: Describe the property</b>	Address or location of property:	
	<b>501722</b>	
	Account number of property:	Tax receipt number:
	<b>L1100.02.003.0114.11</b>	<b>OR 18276630/16109272/13899625</b>

<b>Step 3: 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	03/02	\$ 555.26	\$ 555.26
	2.	2009	03/22	\$ 555.11	\$ 555.11
	3.	2008	03/16	\$ 379.78	\$ 379.78
	4.	2006	03/16	\$ 525.65	\$ 525.65
	5. TOTAL			\$	\$ 2015.80
	Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR ON ACCT# 501722</b> <b>CORRECT ACCT# 513305</b> <b>NB</b>				

<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 <i>Geronimo Castaneda</i>	Date of application for tax refund <b>3-2-12</b>
	<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: 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>4-4-13</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>3/2/12</b>



**PABLO (PAUL) VILLARREAL 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: 01/09/2013

*Double (8002)  
 JE 4-12-13*

**D & M FINANCE CO LLC \***  
**PO BOX 959**  
**EDINBURG , TX 78540**

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**  
**DATE: 5/17/13**  
*J. C. 4/9/13*

<b>Account Number</b> M5500-00-036-0001-00 *
HCAD No. 241074 *
<b>Legal Description of the Property</b> MO-TEX LOTS 1-9 N30-S35 AC LOT 10, LOT 11, E1/2 LT 12, LOT 14 & W1/2-N 1/2 LOT 15 BLK 26 460 AC GR 447.18 AC NET
N FM 493 OWNER: D & M FINANCE CO LLC *
<b>2012 OVERAGE AMOUNT \$4,839.66 *</b>

1: HIDALGO COUNTY, 5: EMS DIST #3, 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.

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name <i>Richard W. Ruppert</i>	Relationship to Property Owner <i>Managing Partner</i>
	Mailing Address <i>Box 959</i>	Daytime Telephone Number <i>383-0868</i>
	City, State, Zip Code <i>Edinburg, TX 78540-0959</i>	
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year <i>2012 *</i> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	<i>We had a real estate closing &amp; title company took out taxes at same time</i>
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer <i>\$4,839.66 *</i>	<i>we I paid them.</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
<b>Step 5: How should the refund be processed?</b>	<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	
<b>Step 6: Sign the application form. Unsigned applications will not be processed.</b> 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>[Signature]</i> *	Date of application <i>16 Jun 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>4/1/13</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: <i>3-15-13 *</i>

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



**PABLO (PAUL) VILLARREAL 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:** 02/05/2013

*Apply to # 606331  
 Refund diff.*

**UNION PACIFIC RAILROAD \***  
**PROPERTY TAX DEPARTMENT**  
 1400 DOUGLAS STREET, STOP 1640  
 OMAHA, NE 68179-164

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**  
 DATE: ~~07-22-12~~ *4/9/13*

<b>Account Number</b> R9999-94-UPR-0001-00 * HCAD No. 502714 *
<b>Legal Description of the Property</b> RAILROAD ROLLING STOCK AT HIDALGO * COUNTY
<b>OWNER:</b> UNION PACIFIC RAILROAD *
<b>2012 OVERAGE AMOUNT</b> \$2,862.97 *

I: HIDALGO COUNTY

**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.

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account <i>Incorrect Tax Authority charged on Account</i>	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<u>25,907.36</u>
	Total tax, penalty, and interest amount owed for the year	<u>-0-</u>
	Amount of refund claimed	<u>2,862.97 *</u>
<b>Step 5: How should the refund be processed?</b>	<input 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	
<b>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</b>	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	
	<b>SIGN HERE</b> <i>Deryn White *</i>	Date of application <u>2/15/2013 *</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	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>4/10/13</u>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal *</i> Date: <u>3-15-13 *</u>

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

*3/18*

**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-CWI-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</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 and address	Owner's name <b>HB PARTNERS LTD<sup>A</sup> (PAID BY: US BANK MORTGAGE)<sup>A</sup></b>	
	Present mailing address (number and street) <b>P.O. BOX 3266</b>	
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78502</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **STEELE & PERSHING-N660-W380, W651.93-E5940-S431**

<b>Step 2:</b> Describe the property	N660 & S126.43-N660-E280 LTS 2 BK 10 13.1AC GR 12.8AC NT LA VISTA M/H PARK	
	Address or location of property:	
	290120*	
	Account number of property: <b>S5950.00.010.0002.00*</b>	Tax receipt number: <b>OR 290120</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	2012*	12/19 / 2012	\$ 7,637.77	\$ 7,637.77
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 7,637.77*
Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR ON ACCT#290120</b>					
<b>REFUND BACK TO MORTGAGE.</b>					
<b>NB</b>					

<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."	
	sign here Signature <b>KINSEY WHITSON *</b>	Date of application for tax refund <b>2/6/13*</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>Step 5:</b> 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: <b>2/3/13</b>
	sign here Authorized officer <b>[Signature]</b>	Date <b>4/6/13</b>	
	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) <b>[Signature]</b>	Date <b>3-15-13*</b>	



**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: 11/29/2012

REYNALDO ORTIZ  
 REAL ESTATE ACCOUNT  
 1305 E NOLANA LOOP STE F  
 MCALLEN, TX 78504

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 3-22-13  
*J.C. Hall*

<b>Account Number</b> T3800-00-000-0047-00* HCAD No. 301886*
<b>Legal Description of the Property</b> THE VILLAGE LOT 47*  4604 N 9TH ST  OWNER: NORDMEYER JAMES E JR *
<b>2012 OVERAGE AMOUNT \$2,760.78*</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN 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.

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year <u>2012*</u> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>you are telling me there's an overage</u>	
<b>Step 4: Provide payment information</b> Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<u>2793.96</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
<b>Step 5: How should the refund be processed?</b>	<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	
<b>Step 6: Sign the application form. Unsigned applications will not be processed.</b> 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	
	<b>SIGN HERE</b> <i>[Signature]</i>	Date of application <u>12/21/12*</u>
	<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>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>4/20/12</u>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3-15-13*</u>

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

3/18

# 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>	
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

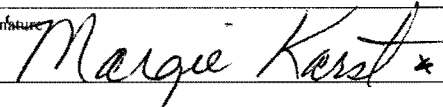
<b>Step 1:</b> Owner's name and address	Owner's name <b>FIRST NATIONAL BANK</b>	
	Present mailing address (number and street) <b>PO BOX 810</b>	
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>	Phone (area code and number) <b>956-385-3568(JULIE M CALLES)</b>

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT 2.50AC AN IRR TR E349.88'-W865.5' FT \* 171**

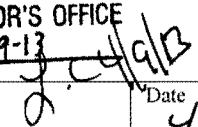
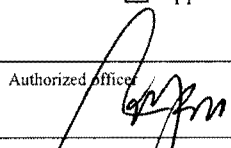
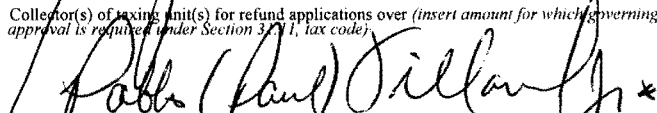
<b>Step 2:</b> Describe the property	<b>2.5000</b>
	Address or location of property: <b>ELENA ST</b>
	<b>625992 *</b>
	Account number of property: <b>W3800.00.171.0000.15 *</b> OR Tax receipt number: <b>18769536</b>

<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	2010	08/29	/ 2011	\$ 1,020.27
2.	2009	08/29	/ 2011	\$ 1,098.95	\$ 1,098.95
3.	2008	08/29	/ 2011	\$ 806.85	\$ 806.85
4.	2007	08/29	/ 2011	\$ 169.41	\$ 169.41
5. TOTAL			/	\$	\$ 3,095.48 *

Taxpayer's reason for refund (attach supporting documentation): **AS PER FNB THIS ACCT WAS PAID BY ERROR AND \$3,095.48 NEEDS TO BE TRANSFERRED TO ACCT C.1545.00.000.0000.00(342243)GONZALEZ OSCAR & ET AL(SUGAR CANE DR) CLS**

<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."	
	sign here  * Signature	Date of application for tax refund <b>3-1-13*</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>Step 5:</b> 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: <del>APR 3-19-13</del> 4/4/13 
	sign here 	Date <b>4/10/13</b>	
	sign here  *	Date <b>3-15-13*</b>	