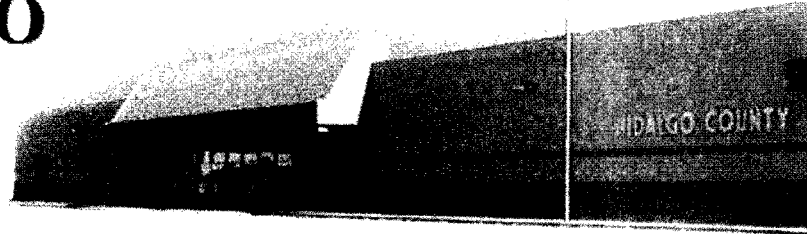


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**



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

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

APRIL 19, 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(are) 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,

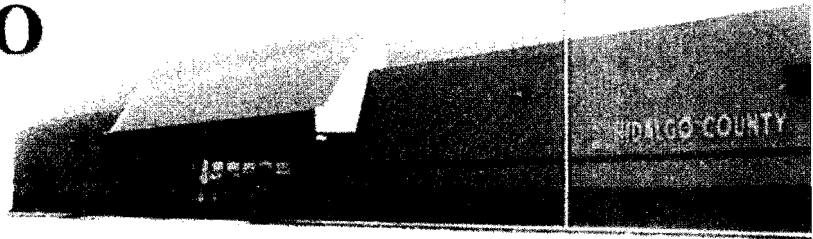
Pablo (Paul) Villarreal, Jr., RTA

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
D5790.99.000.0003.04	Doctors Hospital @ Renaissance	\$3,887.59
L5330.03.000.0180.00	Wells Fargo	\$3,225.00
L5335.00.000.0027.00	Wells Fargo	\$3,103.03



**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:** 01/29/2013

*Handwritten:* **MCALLEN**

**DOCTORS HOSPITAL @ RENAISSANCE**  
 P O BOX 3293  
 MCALLEN, TX 78502

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
**DATE: 4-2-13**

*Handwritten:* J.C. 4/11/13

<b>Account Number</b> D5790-99-000-0003-04 ★ HCAD No. 765407★
<b>Legal Description of the Property</b> SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 5509 DOCTORS DRIVE /NEW ACCT 2006 ★  5509 DOCTORS DR 78539 ★  OWNER: RENAISSANCE WOUND CARE CENTER★

**2012 OVERAGE AMOUNT \$3,887.59★**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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>Doctors Hospital at Renaissance</i>	Relationship to Property Owner
	Mailing Address <i>PO BOX 3293</i>	Daytime Telephone Number <i>956-362-3010</i>
	City, State, Zip Code <i>MCALLEN TX 78502-3293</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 <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 checked="" type="checkbox"/> Overpaid the account <i>property value change</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	<i>20,291.46</i>
	Total tax, penalty, and interest amount owed for the year	<i>16,403.87</i>
	Amount of refund claimed	<i>3,887.59★</i>
<b>Step 5: How should the refund be processed?</b>  <i>only \$288.17</i>	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 <i>mail remaining balance \$3549.42</i>	
	<input checked="" type="checkbox"/> Transfer this amount to account <i>473799000000113</i> For tax year <i>2011</i>	
	<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>2/7/13★</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>4/17/13</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3-21-13★</i>

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

*Handwritten:* 3/27



**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: 01/02/2013

**WELLS FARGO**  
**MAC X2502-011**  
**1 HOME CAMPUS**  
**DES MOINES, IA 50328--000**

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: AM 4-2-13

*J.C. 3/16/13*

**FS/TAX**

**Account Number**  
 L5330-03-000-0180-00 \*  
 HCAD No. 673309 \*

**Legal Description of the Property**  
 LOMA VERDE PH 3, SHARYLAND PLANTATION \*  
 VILLAGE LOT 180

4205 SANTA INEZ \*

OWNER: FALCON JESUS & MERCEDES \*  
 ESPINOZA

**2012 OVERAGE AMOUNT \$3,225.00 \***

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 4: SHARYLAND 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	Wells Fargo Home Mortgage MAC X2302-04D 1 Home Campus Des Moines, IA 50328		7-0201021722 Relationship to Property Owner <i>Mtg Company</i>
			Daytime Telephone Number <i>800-499-4829 x46508</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>2012 *</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		<u>3225.94</u>
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed		<u>3225.00 *</u>
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		Date of application
	SIGN HERE <i>Cassie Ten Napel *</i>		<u>3-8-13 *</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: <i>[Signature]</i>	Date: <u>4/17/13</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <u>3-21-13 *</u>

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

3/27



**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:** 01/02/2013

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 1/4/2013

*J.C. 4/16/12*

**ESTAX**

**JAN 23 2013**

**WELLS FARGO**  
**MAC X2502-011**  
**1 HOME CAMPUS**  
**DES MOINES, IA 50328--000**

**Account Number**  
 L5335-00-000-0027-00 ✖  
 HCAD No. 692490 ✖

**Legal Description of the Property**  
 LOMAS DEL VALLE LOT 27 ✖

518 SOUTHLAND ✖

OWNER: GONGORA BLAS E & ERICA L ✖

**2012 OVERAGE AMOUNT \$3,103.03 ✖**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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.

*9-0411922768*

<b>Step 1: Identify the Payer</b> requesting the refund if different than shown above	<b>Wells Fargo Home Mortgage</b> <b>MAC X2302-04D</b> <b>1 Home Campus</b> <b>Des Moines, IA 50328</b>	Relationship to Property Owner <i>Mtg Company</i> Daytime Telephone Number <i>800-499-4829</i> <i>x46508</i>
<b>Step 2: Refunds are only issued</b> to party that paid taxes. Affirm that you are the payer.	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</b> 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)	
<b>Step 4: Provide payment</b> information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer: <u>3852.90</u> Total tax, penalty, and interest amount owed for the year: Amount of refund claimed: <u>3103.03 ✖</u>	
<b>Step 5: How should the refund</b> 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	
<b>Step 6: Sign the application</b> 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>Caro TenNapel ✖</u> Date of application <u>3-8-13 ✖</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: <u>[Signature]</u> Date: <u>4/17/13</u>	
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>3-21-13 ✖</u>	

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

*3/27*