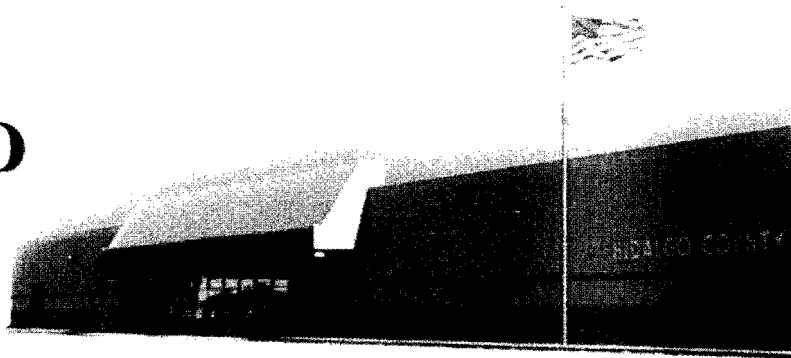


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

May 29, 2013

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.

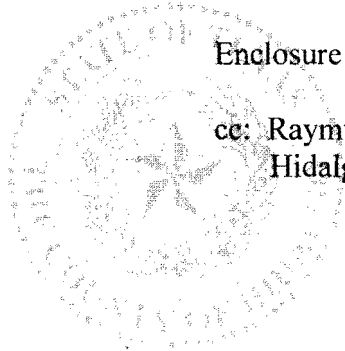
Respectfully,

Pablo (Paul) Villarreal, Jr., RTA

jn

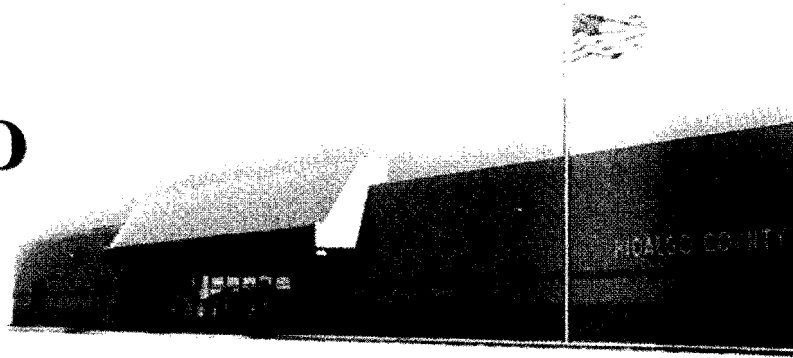
Enclosure

cc: Raymundo Eufracio, CPA
Hidalgo County Auditor



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ACCOUNT NUMBER	PAYER	AMOUNT
D3600.82.000.4251.00	Capital Star Oil & Gas Inc	\$4,514.12
H0900.99.035.0011.11	Fred's Pharmacy	\$5,669.71



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	
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

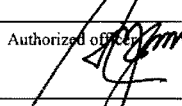
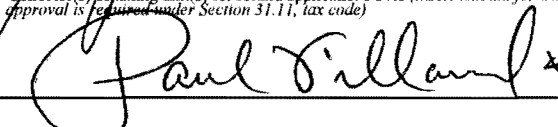
Step 1: Owner's name and address	Owner's name CAPITAL STAR OIL & GAS INC *
	Present mailing address (number and street) P O BOX 460241
	City, town or post office, state, ZIP code HOUSTON, TX
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **D6300,CATLETT,CAPITAL STAR OIL & GAS, WI, 797712**

Step 2: Describe the property	Address or location of property:
	746889 *
	Account number of property: D6300.82.000.4251.00 *
	Tax receipt number: OR 22914775

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	2012 *	01-31 / 2013	\$ 49369.00	\$ 4514.12
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4514.12 *
Taxpayer's reason for refund (attach supporting documentation): SUPPLEMENT 8 - VALUE DECREASE					
<i>Apply to 822363 + 736784 ; Refund diff</i>					
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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
			DATE: 5-21-13
	Authorized officer sign here 		Date 5/28/13
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 5-8-13*	

5/9

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	
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 FRED'S PHARMACY/SANTOS GONZALEZ
	Present mailing address (number and street) 2245 AUSTIN AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78501

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 2245 AUSTIN STREET/NEW ACCT 2001**

Step 2: Describe the property	Address or location of property: 2245 AUSTIN ST & 23RD ST	
	624820	
	Account number of property: H0900.99.035.0011.11	Tax receipt number: 16254340/18315225/18335789/16500284
	OR	

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	2009	05-07 / 2010	\$ 287.08	\$ 287.08
	2. ALL ENTITIES	2009	01-31 / 2011	\$ 8.61	\$ 8.61
	3. ALL ENTITIES	2009	03-14 / 2011	\$ 2000.00	\$ 2000.00
	4. ALL ENTITIES	2009	08-31 / 2010	\$ 3374.02	\$ 3374.02
	5. TOTAL		/	\$	\$ 5669.71

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 8 - VALUE DECREASE**

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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-28-13 J.C. 5/28/13
	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 5-08-13