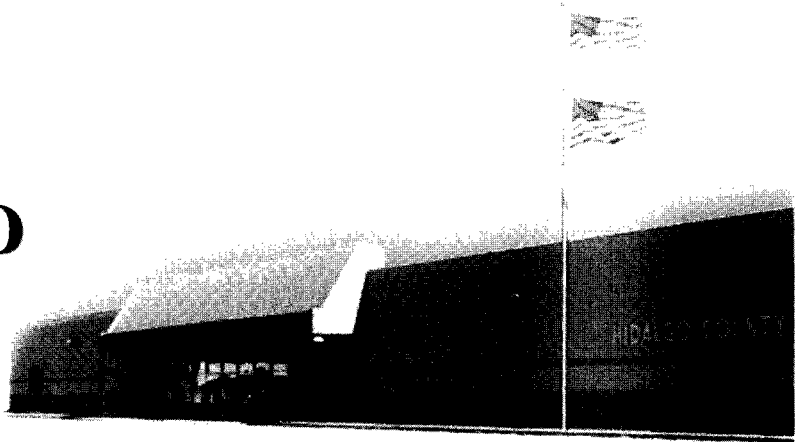


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



July 23, 2013

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

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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.

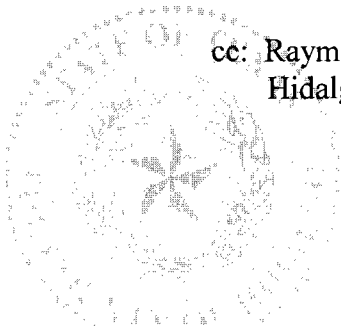
Respectfully,

Pablo (Paul) Villarreal, Jr., RTA

jn

Enclosure

cc: Raymundo Eufracio, CPA
Hidalgo County Auditor



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 WEINGARTEN SHARY SOUTH JV ATTN: KOHL'S DEPT STORES (PAID BY: KOHL'S)
	Present mailing address (number and street) P.O. BOX 2148
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201


Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE LOT 5A**

Step 2: Describe the property	Address or location of property:
	722796
	Account number of property: Tax receipt number:
	S3003.00.000.005A.00 OR 15860365

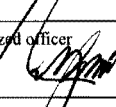
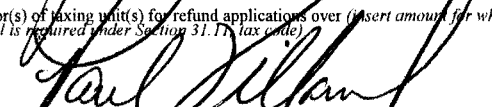
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2009	01/29	/ 2010	\$ 195,953.70
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 21,896.60

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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: CE 7-17-13 J.C. 7/19/13
	Authorized officer sign here 	Date 7/22/13	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.17, tax code) sign here 	Date 7-12-13	

7/16

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 WEINGARTEN SHARY SOUTH JV ATTN: KOHL'S DEPT STORES (PAID BY: KOHL'S)
	Present mailing address (number and street) P.O. BOX 2148
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE LOT 5A**

Step 2: Describe the property	Address or location of property: 722796
	Account number of property: S3003.00.000.005A.00
	Tax receipt number: OR 17654083

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	2010	01/21	/ 2011	\$ 221,751.71
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 47,654.71

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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: _____ 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 Approved Disapproved

Authorized officer: _____ Date: **7/22/13**

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): _____ Date: **7-2-13**

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **7-17-13**

7/16

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 WEINGARTEN SHARY SOUTH JV ATTN: KOHL'S DEPT STORES (PAID BY: KOHL'S)	
	Present mailing address (number and street) P.O. BOX 2148	
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE LOT 5A**

Step 2: Describe the property	Address or location of property:	
	722796	
	Account number of property: S3003.00.000.005A.00	Tax receipt number: OR 20063313

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	01/25	/ 2012	\$ 216,624.85
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 43,591.85

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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: 06/21/13
	Authorized officer sign here	Date 7/22/13	
	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 7-2-13	

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 WEINGARTEN SHARY SOUTH JV ATTN: KOHL'S DEPT STORES (PAID BY: KOHL'S)	
	Present mailing address (number and street) P.O. BOX 2148	
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201	Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE LOT 5A**

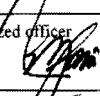
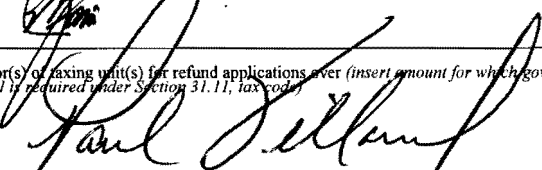
Step 2: Describe the property	Address or location of property:	
	722796	
	Account number of property:	Tax receipt number:
	S3003.00.000.005A.00	OR 22383883

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	01/15	/ 2013	\$ 214,254.47
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 36,087.67

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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
	Authorized officer sign here 	Date	DATE: 7-17-13 7/22/13
	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) 	Date	7-12-13

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 NORTH TRENTON LTD (PAID BY: THE LAW OFFICES OF MARK FREELAND) ^a
	Present mailing address (number and street) 2901 BEE CAVE RD STE G
	City, town or post office, state, ZIP code AUSTIN, TX 78746


Legal description (or attach copy of the tax bill or tax receipt): **TRENTON CROSSING SHOPPING CENTER PH 2 B**

Step 2: Describe the property	N443.65 & N.74 AC IRR TR FOR RETENTION POND BEING - E154.06-S250.85-LOT 1
	Address or location of property: R721219 ^x
	Account number of property: T6835.2B.000.0001.00 ^x OR 14476051
	Tax receipt number:

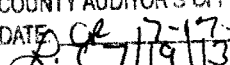
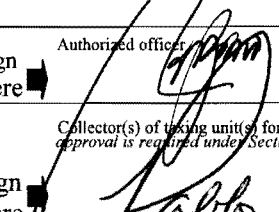
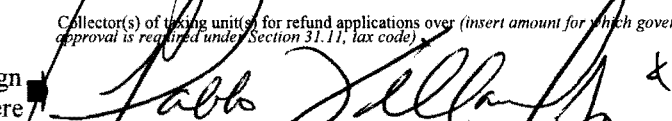
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2009	11/03	/ 2009	\$ 156,787.82
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 27,946.94

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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: 7-17-13 
	Authorized officer sign here 	Date 7/22/13	
	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 8-12-13 ^x	

7/16

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 COLE KO MCALLEN TX LLC C/O KOHL'S DEPT STORES (PAID BY: KOHL'S)	
	Present mailing address (number and street) P.O. BOX 2148	
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201	Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **TRENTON CROSSING SHOPPING CENTER PH 2C**

Step 2: Describe the property	LOT 1	
	Address or location of property:	
	20406195	
	Account number of property: T6835.2C.000.0001.00	Tax receipt number: OR 17654083

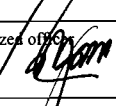
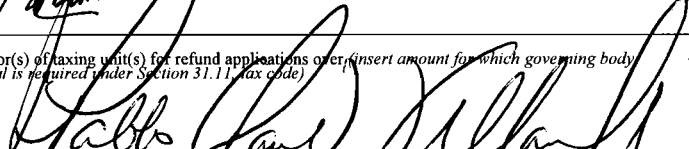
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2010	01/21	/ 2011	\$ 151,156.41
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 22,277.37

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

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: 7-17-13 J.C. 7/14/13
	Authorized officer sign here 	Date 7/22/13	
	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 7-12-13	

7/16

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 **COLE KO MCALLEN TX LLC C/O KOHL'S DEPT STORES (PAID BY: KOHL'S)**
 Present mailing address (number and street)
P.O. BOX 2148
 City, town or post office, state, ZIP code
MILWAUKEE, WI 53201
 Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TRENTON CROSSING SHOPPING CENTER PH 2C**


Step 2:
Describe the property
LOT 1
 Address or location of property:
20406195X
 Account number of property: **T6835.2C.000.0001.00** OR **20063313**
 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	01/25 / 2012	\$ 149,456.08	\$ 20,462.56
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 20,462.56

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

NR

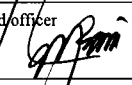
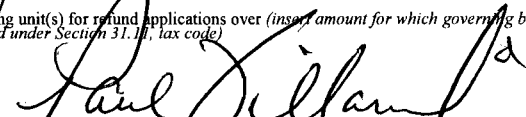
Step 4:
sign the form
 "I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."
 Signature
 sign here 
 Date of application for tax refund

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 Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: **7-17-13**
7/19/13
 Date **7/22/13**
 Date **7-12-13**

Authorized officer
 sign here 
 Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.10, tax code)
 sign here 

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 COLE KO MCALLEN TX LLC C/O KOHL'S DEPT STORES (PAID BY: KOHL'S)
	Present mailing address (number and street) P.O. BOX 2148
	City, town or post office, state, ZIP code MILWAUKEE, WI 53201
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TRENTON CROSSING SHOPPING CENTER PH 2C**

Step 2: Describe the property	LOT 1
	Address or location of property: 20406195
	Account number of property: T6835.2C.000.0001.00
	Tax receipt number: OR 22383882

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	01/15	/ 2013	\$ 148,656.59
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 19,554.95

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-2657-09-B**

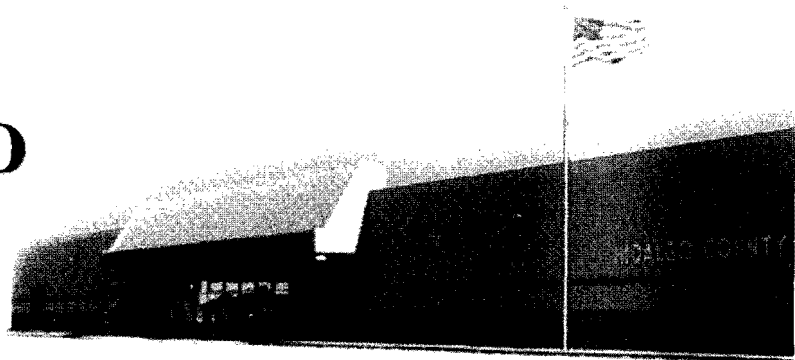
NR

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: 7-17-13 7/19/13
	Authorized officer sign here	Date	7/22/13
	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	7-12-13

7116

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

ACCOUNT NUMBER	PAYER	AMOUNT
S3003.00.000.005A.00	KOHL'S	\$21,896.60
S3003.00.000.005A.00	KOHL'S	\$47,654.71
S3003.00.000.005A.00	KOHL'S	\$43,591.85
S3003.00.000.005A.00	KOHL'S	\$36,087.67
T6835.2B.000.0001.00	THE LAW OFFICES OF MARK FREELAND	\$27,946.94
T6835.2C.000.0001.00	KOHL'S	\$22,277.37
T6835.2C.000.0001.00	KOHL'S	\$20,462.56
T6835.2C.000.0001.00	KOHL'S	\$19,554.95

