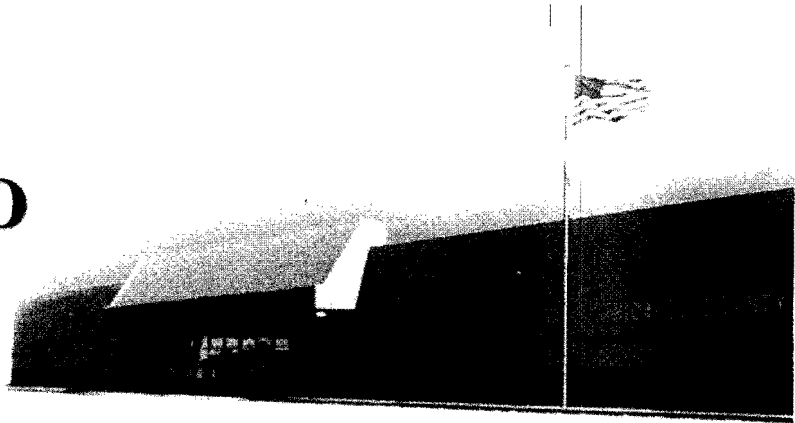


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**  
Pablo "Paul" Villarreal, Jr. RTA



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

October 9, 2013

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

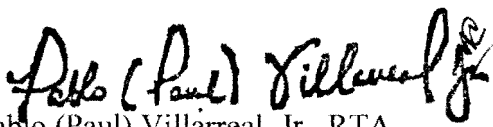
Re: See attached list

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

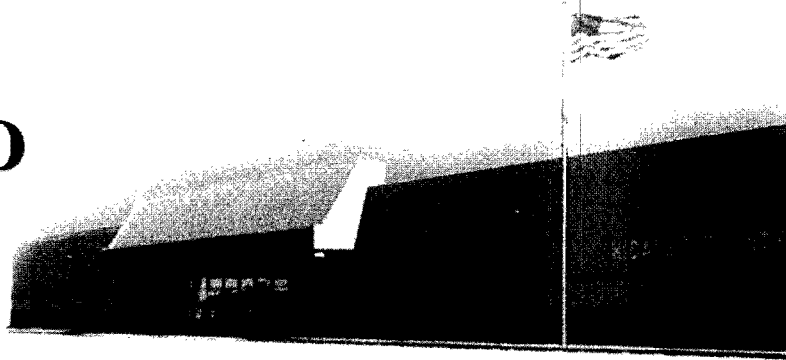
Enclosure

cc: Raymundo Eufrazio, CPA  
Hidalgo County Auditor



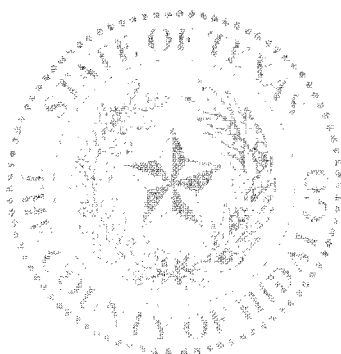
*Office of Tax Assessor - Collector*  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



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| ACCOUNT NUMBER       | PAYER                             | AMOUNT      |
|----------------------|-----------------------------------|-------------|
| 00100.90.280.0005.23 | Huawei Technologies USA Inc.      | \$3,311.89  |
| B2065.00.000.0063.00 | Corelogic                         | \$2,669.09  |
| E4826.02.000.0048.00 | Sierra Title Company              | \$4,936.30  |
| E8000.00.132.0009.00 | Linebarger Goggan Blair & Sampson | \$17,622.52 |
| L5650.01.000.0005.00 | Corelogic                         | \$6,208.37  |





**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: 02/01/2013

*Payer:*  
**HUAWEI TECHNOLOGIES USA INC** †  
 %PROPERTY TAX DEPT  
 5700 TENNYSON PKWY STE 500  
 PLANO, TX 75024-7157

|   |
|---|
| <b>Account Number</b><br>00100-90-280-0005-23 †<br>HCAD No. 831587 †                          |
| <b>Legal Description of the Property</b><br>MFE-762<br><br>OWNER: HUAWEI TECHNOLOGIES USA INC |

**2012 OVERAGE AMOUNT \$3,311.89** †

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>Huawei Technologies USA Inc.</i>  | Relationship to Property Owner <i>Owner</i>  |
|  | Mailing Address <i>5700 Tennyson Pkwy Ste 500</i>   | Daytime Telephone Number <i>214.919.6052</i> |
|  | City, State, Zip Code <i>Plano TX 75024</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 _____ 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  |  |
|  | <input type="checkbox"/> Duplicate payment  |  |
|  | <input type="checkbox"/> Paid in error (explain)  |  |
| <b>Step 4: Provide payment information</b><br>Attach copies of cancelled checks or tax office receipts   | Total amount paid by this taxpayer  |  |
|  | Total tax, penalty, and interest amount owed for the year   |  |
|  | Amount of refund claimed  | <i>3,311.89</i>                              |
| <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><br>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 <i>8/27/2012</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              |  |
| <b>AUDITORS USE ONLY:</b>  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <i>[Signature]</i> Date: <i>10/9/13</i>  |
| <b>TAX OFFICE USE ONLY:</b>  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <i>[Signature]</i> Date: <i>9-17-13</i>  |

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

*9/13*

AUDITED BY: THE HIDALGO  
 COUNTY CLERK'S OFFICE  
 DATE: *9-26-13*



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: 01/03/2013

# SECOND NOTICE

CORELOGIC

AUG 13 2013

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

|  |
|--|
| Account Number<br>B2065-00-000-0063-00<br>HCAD No. 659882  |
| Legal Description of the Property<br>BEDFORD PARK ESTATES LOT 63<br><br>3904 REDBIRD AVE<br><br>OWNER: MITCHELL JEROMY & HEATHER |

2012 OVERAGE AMOUNT \$2,669.09

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.

|   |   |  |
|---|---|--|
| Step 1: Identify the Payer requesting the refund if different than shown above  | Name <u>Drew Loan Servicing</u>   | Relationship to Property Owner <u>Mortgage Outsourcing Company</u> |
|   | Mailing Address <u>1 Corelogic Drive</u>  | Daytime Telephone Number <u>817-699-3228</u>                       |
|   | City, State, Zip Code <u>Westlake, TX, 76262</u>  |  |
| 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 checked="" type="checkbox"/> Overpaid the account  |  |
|   | <input type="checkbox"/> Duplicate payment  |  |
|   | <input type="checkbox"/> Paid in error (explain)  |  |
| Step 4: Provide payment information<br>Attach copies of cancelled checks or tax office receipts   | Total amount paid by this taxpayer  |  |
|   | Total tax, penalty, and interest amount owed for the year   |  |
|   | Amount of refund claimed <u>\$ 2669.09</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.<br>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>Cassandra Holton</u>   | Date of application <u>9/6/13</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: <u>[Signature]</u> Date: <u>10/9/13</u>                        |
| TAX OFFICE USE ONLY:  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <u>[Signature]</u> Date: <u>9-17-13</u>                        |

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

9/18

AUDITED BY: THE HIDALGO  
 C [Signature] 9-26-13  
 10.8.13

**APPLICATION FOR TAX REFUND**

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

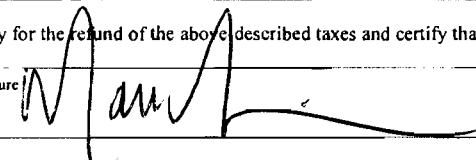
**To apply for a tax refund, the taxpayer must complete the following**

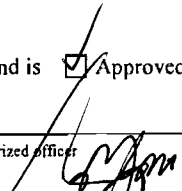
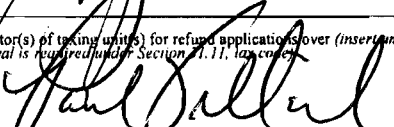
|   |  |
|---|--|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>ENGLAND CHARLES &amp; JOSEPHINE A (PAID BY: SIERRA TITLE COMPANY) †</b> |
|   | Present mailing address (number and street)<br><b>1626 LORI LN †</b>                       |
|   | City, town or post office, state, ZIP code<br><b>HERMITAGE PA 16148-7724 †</b>             |
|   | Phone (area code and number)<br><b>956-682-8321</b>  |

Legal description (or attach copy of the tax bill or tax receipt): **EL SENDERO PH 2 SHARYLAND PLANTATION VILLAGE LOT 48**

|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | .1798  |   |
|  | Address or location of property: <b>4105 SANTA MARINA</b>    |   |
|  | <b>673968 †</b>  |   |
|  | Account number of property:<br><b>E4826.02.000.0048.00 †</b> | Tax receipt number:<br><b>OR 21500588</b> |

|  |  |                                    |                         |                      |                                |
|--|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| <b>Step 3:<br/>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                                    | 2012                               | 11/15 / 2012            | \$ 4936.30 <b>9</b>  | \$ 4936.30 <b>4</b>            |
|  | 2.   |                                    | /                       | \$                   | \$                             |
|  | 3.   |                                    | /                       | \$                   | \$                             |
|  | 4.   |                                    | /                       | \$                   | \$                             |
|  | 5. TOTAL   |                                    | /                       | \$                   | \$ 4936.30 <b>1</b>            |
| Taxpayer's reason for refund (attach supporting documentation): <b>TITLE COMPANY PAID WRONG</b>  |  |                                    |                         |                      |                                |
| <b>PARCEL LOT AND INTENDED TO PAY ON ACCT #673951 (CHUNMAN CHO)/ACCT IS PAID IN FULL AND MONIES NEED TO BE REIMBURSED TO TITLE COMPANY</b> |  |                                    |                         |                      |                                |
| <b>CS</b>  |  |                                    |                         |                      |                                |

|   |  |   |
|---|--|---|
| <b>Step 4:<br/>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:    | Date of application for tax refund: <b>9/6/2013</b> |
| sign here →   |  |   |
| <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:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                      |
|   | Authorized officer:    | Date: <b>10/9/13</b> |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 7.11, tax code):  | Date: <b>9-17-13</b> |

9/18

AUDITED BY: THE HIDALGO  
C... DP 9-26-13... 10.8.13

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|  |   |
|--|---|
| <b>Step 1:</b><br>Owner's name and address | Owner's name<br><b>SERVANDO &amp; FELICITAS GARCIA PAID BY: LINEBARGER GOGGAN BLAIR &amp; SAMPSON</b> |
|  | Present mailing address (number and street)<br><b>PO BOX 635</b>                                      |
|  | City, town or post office, state, ZIP code<br><b>WEST SACRAMENTO, CA 95605-0635</b>                   |
|  | Phone (area code and number)<br><b>383-4500 CRIS VILLARREAL</b>                                       |

Legal description (or attach copy of the tax bill or tax receipt): **EVANS LOT 9-10 BLK 132**

|   |  |
|---|--|
| <b>Step 2:</b><br>Describe the property | Address or location of property:<br><b>171919</b>  |
|   | Account number of property: <b>E8000.00.132.0009.00</b> OR Tax receipt number: <b>21038077</b> |

| <b>Step 3:</b><br>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                               | 5/2 / 12                | \$ 1272.14           | \$ 1272.14                     |
|   | 2. SPA,SST,JCC                                     | 2009                               | 5/2 / 12                | \$ 756.05            | \$ 756.05                      |
|   | 3. SPA,SST,JCC                                     | 2008                               | 5/2 / 12                | \$ 834.88            | \$ 834.88                      |
|   | 4. SPA,SST,JCC                                     | 2007                               | 5/2 / 12                | \$ 698.60            | \$ 698.60                      |
|   | 5. SPA,SST,JCC                                     | 2006                               | 5/2 / 12                | \$ 886.88            | \$ 886.88                      |
| Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR. CON'T REFUND DUE BACK TO LGBS, REFERENCE TO ORDER VACATING JUDGEMENT SUIT NO. T1536-09-G MM</b> |  |                                    |                         |                      |                                |

|                                 |  |  |
|---------------------------------|--|--|
| <b>Step 4:</b><br>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<br><b>Kristina Villarreal</b>  | Date of application for tax refund<br><b>9/11/13</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><br>Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                        |
|  | Authorized officer<br>sign here <b>[Signature]</b>  | Date<br><b>10/9/13</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)<br>sign here <b>[Signature]</b> | Date<br><b>9-17-13</b> |

9/20

DATE: **9-26-13**  
**10.9.13**

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|  |   |
|--|---|
| <b>Step 1:</b><br>Owner's name and address | Owner's name<br><b>SERVANDO &amp; FELICITAS GARCIA PAID BY: LINEBARGER GOGGAN BLAIR &amp; SAMPSON</b> |
|  | Present mailing address (number and street)<br><b>PO BOX 635</b>                                      |
|  | City, town or post office, state, ZIP code<br><b>WEST SACRAMENTO, CA 95605-0635</b>                   |
|  | Phone (area code and number)<br><b>383-4500 CRIS VILLARREAL</b>                                       |

Legal description (or attach copy of the tax bill or tax receipt): **EVANS LOT 9-10 BLK 132**

|   |  |
|---|--|
| <b>Step 2:</b><br>Describe the property | Address or location of property:<br><br><b>171919</b>    |
|   | Account number of property: <b>E8000.00. 132.0009.00</b> |
|   | Tax receipt number: <b>OR 21038077</b>                   |
|   |  |

| <b>Step 3:</b><br>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. SPA,SST,JCC                                     | 2005                               | 5/2                     | / 12                 | \$ 1014.59                     |
| 2. SPA   | 2004   | 5/2                                | / 12                    | \$ 1012.85           | \$ 1012.85                     |
| 3. SPA,SST,JCC                                     | 2003   | 5/2                                | / 12                    | \$ 1243.03           | \$ 1243.03                     |
| 4. SPA   | 1994-2002  | 5/2                                | / 12                    | \$ 9903.50           | \$ 9903.50                     |
| 5.   |  |                                    | /                       | \$ TOTAL             | \$ 17,622.52                   |

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR.**

**REFUND DUE BACK TO LGBS, REFERENCE TO ORDER VACATING JUDGEMENT**

**SUIT NO. T1536-09-G MM**

|  |  |  |
|--|--|--|
| <b>Step 4:</b><br>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<br><b>Christine Villarreal</b>   | Date of application for tax refund<br><b>9/11/13</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><br>Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                        |
|  | Authorized officer<br>sign here <b>[Signature]</b>  | Date<br><b>10/9/13</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)<br>sign here <b>[Signature]</b> | Date<br><b>9-18-13</b> |

9/20

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **9-26-13**

070913 027

**APPLICATION FOR TAX REFUND**

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-<br>CLV-CMS-CPN-CPO-CWL-SEB-SLV-<br>SML-SMS-SSL-SWL-JCC |
| Present mailing address (number and street)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|   |  |
|---|--|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>IGOA, JOSE E &amp; ISABEL C ( PAID BY: CORELOGIC)</b> |
|   | Present mailing address (number and street)<br><b>P.O. BOX 1986</b>      |
|   | City, town or post office, state, ZIP code<br><b>MCALLEN, TX 78505</b>   |

Phone (area code and number)

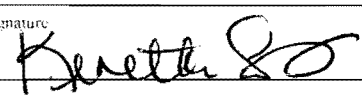
Legal description (or attach copy of the tax bill or tax receipt): **LOS ALEGRES # 1 LOTS 5 & 6 UNIT 1**

|  |   |
|--|---|
| <b>Step 2:<br/>Describe the property</b> | Address or location of property:  |
|  | <b>221361</b>   |
|  | Account number of property: <span style="float: right;">Tax receipt number:</span>  |
|  | <b>L5650.01.000.0005.00</b> <span style="margin-left: 100px;"><b>OR</b></span> <span style="float: right;"><b>17142495</b></span> |

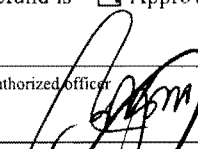
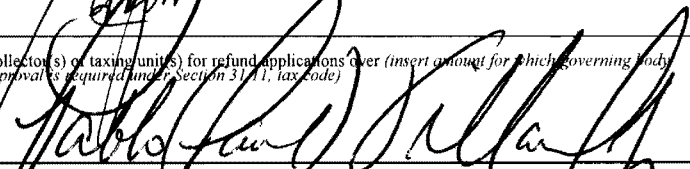
| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2010                               | 12/22                   | / 2010               | \$ 6,208.37                    |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 6,208.37                    |

Taxpayer's reason for refund (attach supporting documentation): **AS PER HOMEOWNER HE IS RESPONSIBLE FOR HIS TAXES**

**NR**

|                                  |  |  |
|----------------------------------|--|--|
| <b>Step 4:<br/>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<br>sign here                                    | Date of application for tax refund<br><b>9/19/13</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:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                        |
|   | Authorized officer<br>sign here    | Date<br><b>10/9/13</b> |
|   | Collector(s) or taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)<br>sign here  | Date<br><b>9/23/13</b> |

9/24

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: 9-25-13