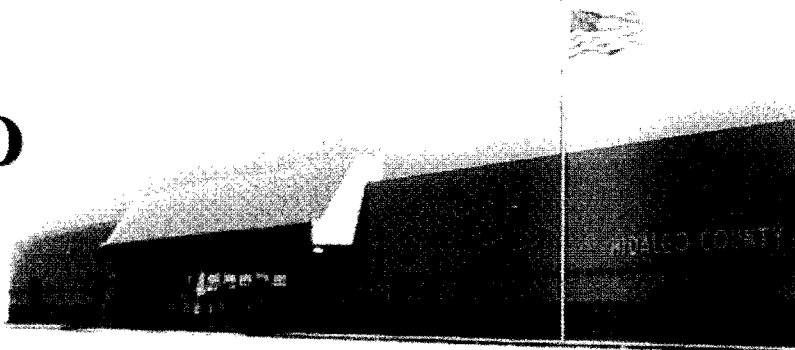


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



October 23, 2013

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

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

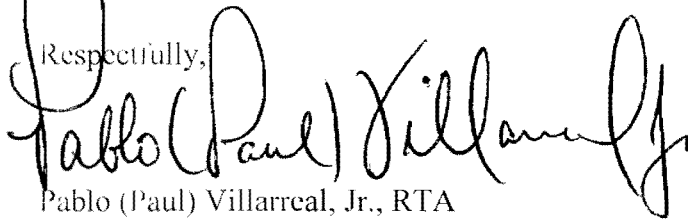
Re: Sec attached list

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

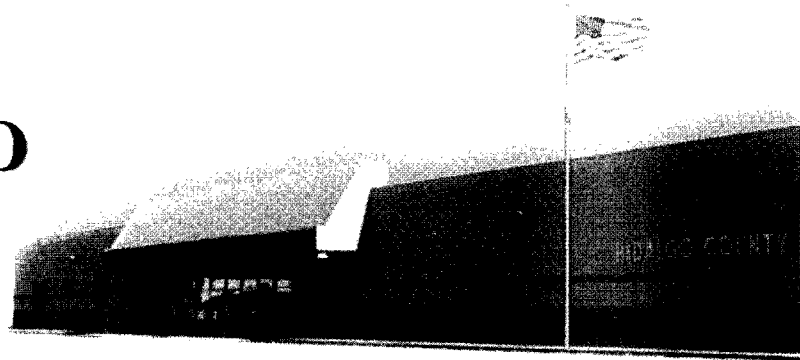
nlr

Enclosure



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

*Pablo "Paul" Villarreal, Jr. RTA*



P.O. Box 178  
Edinburg, Texas 78540-0178  
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| ACCOUNT NUMBER       | PAYER                              | AMOUNT     |
|----------------------|------------------------------------|------------|
| A1800.00.045.0007.01 | Propel Financial Services LLC      | \$2,760.47 |
| A1800.00.045.0007.01 | Propel Financial Services LLC      | \$2,513.50 |
| E8465.99.000.0002.08 | Global Diesel Parts LLC            | \$3,231.03 |
| G0900.01.005.0008.00 | Corelogic                          | \$3,406.21 |
| H0850.98.003.0037.02 | San Jacinto Title Services         | \$6,347.69 |
| L0250.00.021.0008.00 | Morales Jose A                     | \$3,220.74 |
| L1721.99.000.0001.05 | Law Office Of Michael J Daley PLLC | \$2,557.27 |
| L6228.00.000.0003.00 | Inter National Bank                | \$3,872.49 |



**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>GUAJARDO ERNESTO &amp; ROSA LINDA (PAID BY: PROPEL FINANCIAL SERVICES LLC) 4</b> |
|   | Present mailing address (number and street)<br><b>PO BOX 2563 4</b>                                 |
|   | City, town or post office, state, ZIP code<br><b>SAN JUAN TX 78589-7563 4</b>                       |
|   | Phone (area code and number)  |

Legal description (or attach copy of the tax bill or tax receipt): **ALAMO LAND & SUGAR CO S165'-N495'-LOT 7**


|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | <b>BLK 45 5.0AC GR 4.93AC NET LEGAL ACRES 4.9300</b>         |   |
|  | Address or location of property: <b>1434 N TOWER RD</b>      |   |
|  | <b>112707 4</b>  |   |
|  | Account number of property:<br><b>A1800.00.045.0007.01 4</b> | Tax receipt number:<br><b>OR 23739057</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                                    | <b>2012 2011 4</b>                 | <b>08/30 / 2013</b>     | <b>\$ 3944.60 4</b>  | <b>\$ 2760.47 4</b>            |
|   | 2.   |                                    | /                       | \$                   | \$                             |
|   | 3.   |                                    | /                       | \$                   | \$                             |
|   | 4.   |                                    | /                       | \$                   | \$                             |
|   | 5. TOTAL   |                                    | /                       | \$                   | <b>\$ 2760.47 ^</b>            |



Taxpayer's reason for refund (attach supporting documentation): **SUPP #19**

**AG EXL INCREAS (Apply to Account 51000-00-016-0003-00)**

**CS**

|                                  |  |                                    |
|----------------------------------|--|------------------------------------|
| <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 |

**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   |                             | AUDITED BY: THE HIDALGO COUNTY CLERK'S OFFICE<br>DATE: <b>10-16-13</b><br><b>J. C. [Signature]</b> |
|   | Authorized officer<br>sign here   | Date<br><b>10/22/13</b>     |  |
|   | Collector(s) of taxing unit(s) for refund applications over <i>(insert amount for which governing body approval is required under Section 31.11 tax code)</i><br>sign here  | <b>Abdo (Paul) Villarza</b> |  |

**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>GUAJARDO ERNESTO &amp; ROSA LINDA (PAID BY: PROPEL FINANCIAL SERVICES LLC)</b> |
|   | Present mailing address (number and street)<br><b>PO BOX 2563</b>                                 |
|   | City, town or post office, state, ZIP code<br><b>SAN JUAN TX 78589-7563</b>                       |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALAMO LAND & SUGAR CO S165'-N495'-LOT 7**

|  |  |
|--|--|
| <b>Step 2:<br/>Describe the property</b> | <b>BLK 45 5.0AC GR 4.93AC NET LEGAL ACRES 4.9300</b>   |
|  | Address or location of property: <b>1434 N TOWER RD</b>  |
|  | <b>112707</b>  |
|  | Account number of property: <b>A1800.00.045.0007.01</b> OR Tax receipt number: <b>23739057</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                               | 08/30 / 2013            | \$ 3594.81           | \$ 2513.50                     |
|   | 2.   |                                    | /                       | \$                   | \$                             |
|   | 3.   |                                    | /                       | \$                   | \$                             |
|   | 4.   |                                    | /                       | \$                   | \$                             |
|   | 5. TOTAL   |                                    | /                       | \$                   | \$ 2513.50                     |

Taxpayer's reason for refund (attach supporting documentation): **SUPP #12**

**AG EXL INCREAS (Apply to Account 51000-00-016-0003-00)**

**CS**

|                                  |  |                                    |
|----------------------------------|--|------------------------------------|
| <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 |

**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   | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE<br>DATE: <b>10-21-13</b><br><b>P.C. 10.21.13</b> |
|   | Authorized officer<br>sign here  | Date<br><b>10/22/13</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 | Date<br><b>10-09-13</b>  |

# 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>GLOBAL DIESEL PARTS LLC 4</b>                                    |
|   | Present mailing address (number and street)<br><b>1207 BUSINESS PARK DR STE D 4</b> |
|   | City, town or post office, state, ZIP code<br><b>MISSION, TX 78572 4</b>            |
|   | Phone (area code and number)  |

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2012; GONE 12-31-2011; INVENTORY**


|  |   |   |
|--|---|---|
| <b>Step 2:<br/>Describe the property</b> | FURNITURE FIXTURES EQUIPMENT AT 1207 BUSINESS PARK SUITE D/ NEW ACCT 2011 |   |
|  | Address or location of property:  |   |
|  | <b>20830772 4</b>   |   |
|  | Account number of property:<br><b>E8465.99.000.0002.08 4</b>              | Tax receipt number:<br><b>OR 23289964</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 4                             | 03/25                   | / 2013               | \$ 3,231.03                    |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 3,231.03 A                  |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 12**

**INCLUSION OF PROPERTY NON-EXISTENT PER TEXAS COMPTROLLER INACTIVE 12-31-2011**

**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 |
| <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  |                         | <b>AUDITED BY: THE HIDALGO COUNTY CLERK'S OFFICE</b><br>DATE: <b>10-16-13</b><br><b>J.C. 10-22-13</b> |
|   | Authorized officer<br>sign here    | Date<br><b>10/22/13</b> |   |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.31, tax code)<br>sign here  | Date<br><b>10-09-13</b> |   |

# 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>GARCIA GUADALUPE C &amp; MARIA I ( PAID BY: CORELOGIC) 4</b> |                              |
|   | Present mailing address (number and street)<br><b>916 KERRIA ST 4</b>           |                              |
|   | City, town or post office, state, ZIP code<br><b>WESLACO, TX 78596 4</b>        | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **GARDEN TERRACE ESTATES # 1 LOT 8 BLK 5**


|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | Address or location of property:                             |   |
|  | <b>22104946 177197 4</b>                                     |   |
|  | Account number of property:<br><b>G0900.01.005.0008.00 4</b> | Tax receipt number:<br><b>OR 22104946</b> |

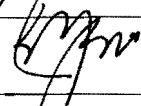
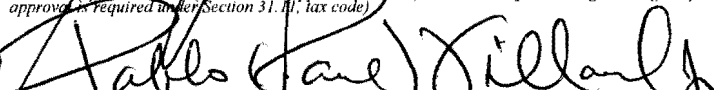
| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2012 4                             | 12/28                   | / 2012               | \$ 3,406.21 4                  |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 3,406.21 A                  |

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 12**

**GRANT DVHS FILED LATE QY 2012**

**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 |
| 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>10/22/13</b> |
|   | 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)<br>sign here  | Date<br><b>10-09-13</b> |

**AUDITED BY: THE HIDALGO COUNTY CLERK'S OFFICE**  
DATE: **10-16-13**

**Y. C. 10-22-13**

10/10

# 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>RAPID TRANSPORT ( PAID BY: SAN JACINTO TITLE SERVICES) <sup>d</sup></b> |
|   | Present mailing address (number and street)<br><b>8101 S 23<sup>RD</sup> ST</b>            |
|   | City, town or post office, state, ZIP code<br><b>MCALLEN, TX 78503</b>                     |

Legal description (or attach copy of the tax bill or tax receipt): **HAMMOND 0.02AC TRI TR-S27-.14'0 LOT 36 & 9.98 AC**


|  |   |   |
|--|---|---|
| <b>Step 2:<br/>Describe the property</b> | <b>IRR TR-N675.51-W800.41' LOT 37 BLK 3 10.0AC IMPROVEMENTS ONLY-NEW FOR 2010</b> |   |
|  | Address or location of property:<br><b>20408069</b>                               |   |
|  | Account number of property:<br><b>H0850.98.003.0037.02</b>                        | Tax receipt number:<br><b>OR 22915056/ 23542577</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                               | 05/31                   | / 2013               | \$ 8,825.17                    |
| 2.  | 2012   | 01/31                              | / 2013                  | \$ 200.00            | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 6,347.69 <sup>d</sup>       |

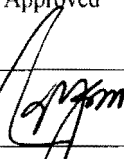
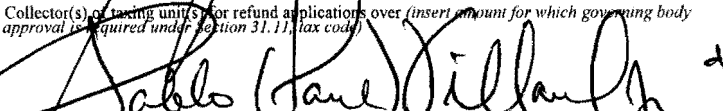
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 12**

**SUBMITTED / ENTERED WRONG**

**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 |

**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  |                                      | <b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> |
|   | Authorized officer<br>sign here    | Date<br><b>10/22/13</b>              | <b>DATE: 09 10-21-13</b><br><b>J.C 10-22-13</b>        |
|   | Collector(s) of taxing units 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>10-09-13 <sup>d</sup></b> |  |

# 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>MORALES JOSE A</b>                                |                              |
|   | Present mailing address (number and street)<br><b>PO BOX 967</b>     |                              |
|   | City, town or post office, state, ZIP code<br><b>DONNA, TX 78537</b> | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **LOTT, TOWN IMPROVEMENTS LOT 8-W7.23AC**

|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | R/S BLK 21,22,23&38 7.23 AC                                |   |
|  | Address or location of property:<br><b>205932</b>          |   |
|  | Account number of property:<br><b>L0250.00.021.0008.00</b> | Tax receipt number:<br><b>OR 22971783</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                               | 01/31                   | / 2013               | \$ 16,171.89                   |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 3,220.74                    |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 12**

**CORRECTING ACREAGE WHEN SPLIT PROPERTY DUE TO ANNEXATION; ADD ENTITY CODE OF (CDN) AND REMOVE (FD4)**

**JN**

|  |  |                                    |
|--|--|------------------------------------|
| <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 |
| <p><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></p> |  |                                    |

|   |  |                         |   |
|---|--|-------------------------|---|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved   |                         | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE<br>DATE: <b>10-21-13</b><br><b>D. C. 10-22-13</b> |
|   | Authorized officer<br>sign here  | Date<br><b>10/22/13</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 | Date<br><b>10-09-13</b> |   |

# 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>PLATA PROPERTIES INC ( PAID BY: LAW OFFICE OF MICHAEL J DALEY PLLC)</b> |
|   | Present mailing address (number and street)<br><b>P.O. BOX 540</b>                         |
|   | City, town or post office, state, ZIP code<br><b>EDINBURG, TX 78539</b>                    |

Legal description (or attach copy of the tax bill or tax receipt): **FURNITURE FIXTURES & EQUIPMENT AT 720 E**

|  |  |
|--|--|
| <b>Step 2:<br/>Describe the property</b> | <b>EDINBURG AVE (LOS FRIJOLES RESTAURANT)/ NEW ACCT 2011</b> |
|  | Address or location of property:<br><b>843736</b>            |
|  | Account number of property:<br><b>L1721.99.000.0001.05</b>   |
|  | Tax receipt number:<br><b>OR 23566240</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                                    | 2011                               | 06/18                   | / 2013               | \$ 3,349.71                    |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 2,557.27                    |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 19**

**SUBMITTED/ENTERED WRONG NOTE: SEE SUPP # 11-16**

**JN**

|                                  |  |                                    |
|----------------------------------|--|------------------------------------|
| <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 |

**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   | <b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> |
|   | Authorized officer<br>sign here  | DATE: <b>10-21-13</b><br><b>J. C. 10-22-13</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 | Date<br><b>10/22/13</b><br><b>10-09-13</b>             |

10/10

# 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>PRUNEDA MICHAEL ( PAID BY; INTER NATIONAL BANK) *</b>    |
|   | Present mailing address (number and street)<br><b>1900 S ANGELINA MARIE</b> |
|   | City, town or post office, state, ZIP code<br><b>PHARR, TX 78577</b>        |

Legal description (or attach copy of the tax bill or tax receipt): **LOS LAURELES LOT 3 - AMENDED**


|  |  |
|--|--|
| <b>Step 2:<br/>Describe the property</b> | Address or location of property:<br><b>648867 *</b>          |
|  | Account number of property:<br><b>L6228.00.000.0003.00 *</b> |
|  | Tax receipt number:<br><b>OR 22373369</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                               | 01/17                   | / 2013               | \$ 13,553.62                   |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5. TOTAL  |  |                                    | /                       | \$                   | \$ 3,872.49 *                  |

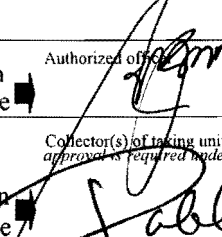
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 12**

**WRONG MEASUREMENTS OR DIMS**

**JN**

|                                  |  |                                    |
|----------------------------------|--|------------------------------------|
| <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 |

**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  | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE<br>DATE: <b>10-21-13</b><br><b>10/22/13</b> |
|   | Authorized official<br>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) |   |

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