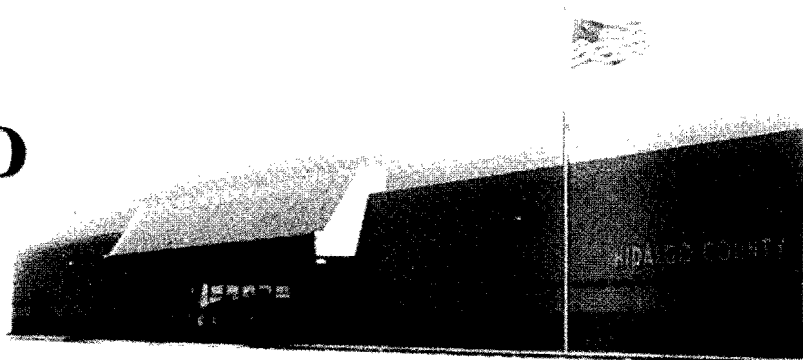


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*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)

March 27, 2014

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.

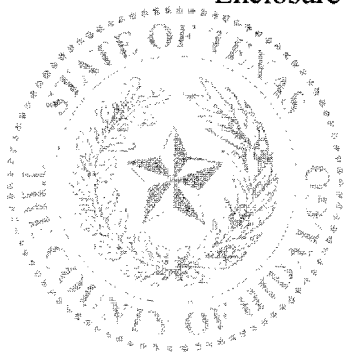
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., RTA

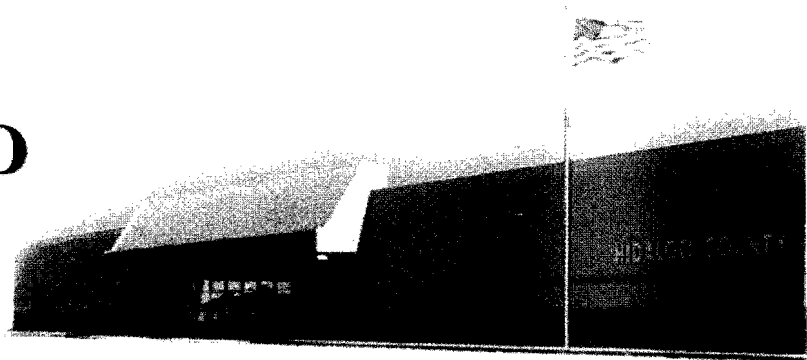
nlr

Enclosure



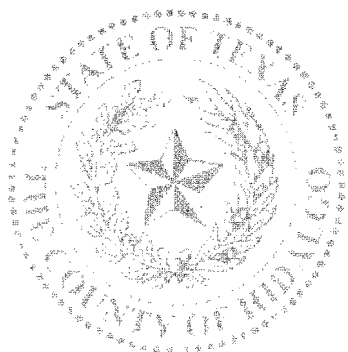
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**COUNTY of HIDALGO**

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ACCOUNT NUMBER	PAYER	AMOUNT
E3300.00.291.0006.00	BAC TAX SERVICES	\$3,423.70
E5662.00.000.0003.00	MR OR MRS OTON GUERRERO JR	\$2,853.17
M5200.00.157.0010.00	LINEBARGER GOGGAN BLAIR & SAMPSON	\$26,889.02



**APPLICATION FOR TAX REFUND**

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>GONZALEZ RAFAEL &amp; JOSEFINA PAID BY: BAC TAX SERVICES</b> <i>Δ</i>
	Present mailing address (number and street) <b>701 CARDINAL AVE</b> <i>Δ</i>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78542</b> <i>Δ</i>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EDINBURG ORIGINAL TOWNSITE LOT 6 BLK 291**

<b>Step 2: Describe the property</b>	<b>0.1630 ACRES</b>
	Address or location of property: <b>722 E MAHL ST</b>
	<b>165281</b> <i>Δ</i>
	Account number of property: <b>E3300.00.291.0006.00</b> <i>Δ</i> OR Tax receipt number: <b>24033589, 21871752, 19297901</b>

<b>Step 3: 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	2013 <i>Δ</i>	11/08	/ 2013	\$ 1135.04 <i>Δ</i>
2.	2012 <i>Δ</i>	12/19	/ 2012	\$ 1146.37 <i>Δ</i>	\$ 1146.37 <i>Δ</i>
3.	2011 <i>Δ</i>	12/09	/ 2011	\$ 1142.29 <i>Δ</i>	\$ 1142.29 <i>Δ</i>
4.	<i>Δ</i>		/	\$	\$
5. TOTAL			/	\$	\$ 3423.70 <i>Δ</i>

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR FOR YEARS 2011,2012,2013. REFUND CK PAYABLE TO BAC,REFERENCE FILE#BAC-17902**

**CORELOGIC SERVICES, LLC, POBOX 961230, FT.WORTH TX 76161**

**JN**

<b>Step 4: 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 <i>Dasoyce Edwards for Corelogic</i>	Date of application for tax refund <b>2/27/14</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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
---	--

APPROVED BY: *[Signature]*  
DATE: **3/24/14**  
**2.C.2.25-14**

Authorized officer <i>[Signature]</i>	Date <b>3/26/14</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) <i>[Signature]</i>	Date <b>3/13/14</b>
---	------------------------



**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: 02/03/2014

*Paper:*

MR OR MRS OTON GUERRERO JR  
 801 COUNTRY CLUB DRIVE  
 MISSION, TX 78572

Account Number  
 E5662-00-000-0003-00 4  
 HCAD No. 712209 4

Legal Description of the Property  
 ENCANTO ESTATES LOT 3  
 ENCANTO BLVD

OWNER: GARZA ARMANDO & SARA 4

2013 OVERAGE AMOUNT \$2,853.17 4

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION 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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Oton Guerrero Jr	Relationship to Property Owner	Father
	Mailing Address	801 Country Club Dr	Daytime Telephone Number	956-581-85 585-3431
	City, State, Zip Code	Mission, TX 78572		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2013</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		6891.80	
	Total tax, penalty, and interest amount owed for the year		1	
	Amount of refund claimed		2853.17	
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			
	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			
	SIGN HERE	<i>Oton Guerrero Jr</i>		Date of application
	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:	Date: 3/26/14
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>Paul Villarreal</i>	Date: 3/9/14

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

APPROVED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: PD 3/20/14 25.14

3/9

**APPLICATION FOR TAX REFUND**

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

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

**Step 1:**

Owner's name  
**MISSION CONSOLIDATED INDEPENDENT SCHOOL ( PAID BY: LINEBARGER GOGGAN BLAIR & SAMPOSN ) \***

Owner's name and address

Present mailing address (number and street)  
**P.O. BOX 178 \***

City, town or post office, state, ZIP code  
**EDINBURG, TX 78540 \***

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MISSION ORIGINAL TOWNSITE LOT 10 BLK 157**

**Step 2:**

**Describe the property**

Address or location of property:  
**239685 \***

Account number of property: **M5200.00.157.0010.00 \*** OR Tax receipt number: **23786888**

**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 * 09/30	/ 2013	\$ 1,900.62	\$ 1,900.62 *
2.	2010 *	/	\$ 2,198.12	\$ 2,198.12 *
3.	2009 *	/	\$ 1,673.02	\$ 1,673.02 *
4.	2008 *	/	\$ 1,782.95	\$ 1,782.95 *
5. TOTAL		/	\$	\$

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ACCT# 239685**

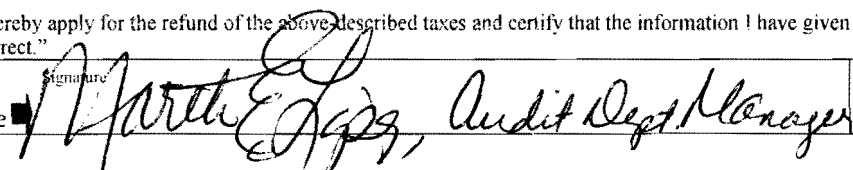
**REFUND BACK TO DELINQUENT ATTORNEYS**

**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."

sign here  **Martha Lopez, Audit Dept Manager** Date of application for tax refund: **3/12/14**

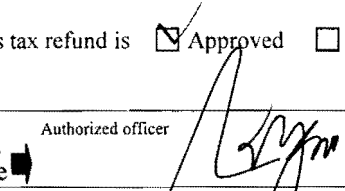
**If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.**

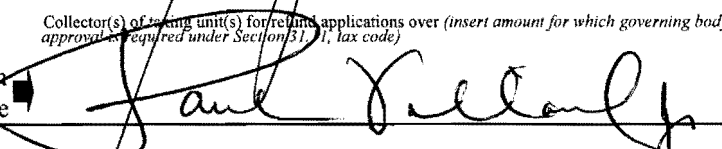
**Step 5:**

**Tax refund Determination**

This tax refund is  Approved  Disapproved

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE **3/20/14**  
**AC 3-20-14**

sign here  **Authorized officer** Date: **3/26/14**

sign here  **Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code)** Date: **3-18-14**

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>MISSION CONSOLIDATED INDEPENDENT SCHOOL ( PAID BY: LINEBARGER GOGGAN BLAIR &amp; SAMPOSN )</b>	
	Present mailing address (number and street) <b>P.O. BOX 178</b>	
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MISSION ORIGINAL TOWNSITE LOT 10 BLK 157**

<b>Step 2:</b> Describe the property	Address or location of property:	
	<b>239685</b>	
	Account number of property:	Tax receipt number:
	<b>M5200.00.157.0010.00</b>	<b>OR 23786888</b>

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	2007 <i>a</i>	09/30	/ 2013	\$ 1,850.44 <i>a</i>
2.	2006 <i>a</i>		/	\$ 1,990.21	\$ 1,990.21 <i>a</i>
3.	2005 <i>a</i>		/	\$ 2,201.89	\$ 2,201.89 <i>a</i>
4.	2004 <i>a</i>		/	\$ 2,083.91	\$ 2,083.91 <i>a</i>
5. TOTAL			/	\$	\$

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ACCT# 239685**  
**REFUND BACK TO DELINQUENT ATTORNEYS**  
**NR**

<b>Step 4:</b> 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."	
	sign here <i>[Signature]</i>	Date of application for tax refund <b>3/19/14</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> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <i>[Signature]</i> <b>3/25/14</b> <i>[Signature]</i> <b>3/26/14</b>
	sign here <i>[Signature]</i>	Date <b>3/26/14</b>	
	sign here <i>[Signature]</i>	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approvals required under Section 31.11, tax code) <b>Abbas Jane Villanueva</b>	Date <b>3/19/14</b>

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>MISSION CONSOLIDATED INDEPENDENT SCHOOL ( PAID BY: LINEBARGER GOGGAN BLAIR &amp; SAMPOSN )</b>	
	Present mailing address (number and street) <b>P.O. BOX 178</b>	
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MISSION ORIGINAL TOWNSITE LOT 10 BLK 157**

<b>Step 2:</b> Describe the property	Address or location of property:	
	<b>239685</b>	
	Account number of property:	Tax receipt number:
	<b>M5200.00.157.0010.00</b>	<b>OR 23786888</b>

<b>Step 3:</b> 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	2003 <i>a</i>	09/30 / 2013	\$ 2,226.92	\$ 2,226.92 <i>a</i>
	2.	2002 <i>a</i>	/	\$ 2,350.32	\$ 2,350.32 <i>a</i>
	3.	2001 <i>a</i>	/	\$ 2,140.84	\$ 2,140.84 <i>a</i>
	4.	2000 <i>a</i>	/	\$ 2,223.27	\$ 2,223.27 <i>a</i>
	5. TOTAL		/	\$	\$

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ACCT# 239685**

**REFUND BACK TO DELINQUENT ATTORNEYS**

**NR**

<b>Step 4:</b> 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."	
	sign here <i>North Edge, Audit Dept Manager</i>	Date of application for tax refund <b>3/12/14</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> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here <i>[Signature]</i>	Date <b>3/20/14</b>
	sign here <i>[Signature]</i>	Date <b>3/19/14</b>

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: **3/20/14**

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>MISSION CONSOLIDATED INDEPENDENT SCHOOL ( PAID BY: LINEBARGER GOGGAN BLAIR &amp; SAMPOSN )</b>
	Present mailing address (number and street) <b>P.O. BOX 178</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MISSION ORIGINAL TOWNSITE LOT 10 BLK 157**

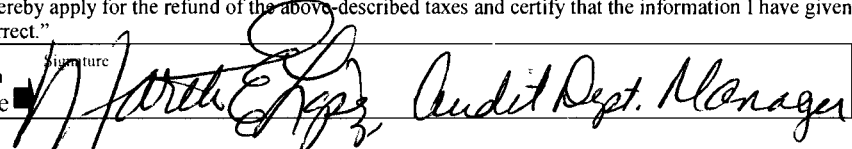
<b>Step 2:</b> Describe the property	Address or location of property:
	<b>239685</b>
	Account number of property: <b>M5200.00.157.0010.00</b>
	Tax receipt number: <b>23786888</b>

<b>Step 3:</b> 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	1999 <b>X</b>	09/30	/ 2013	\$ 2,266.51
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 26,889.02 <b>A</b>

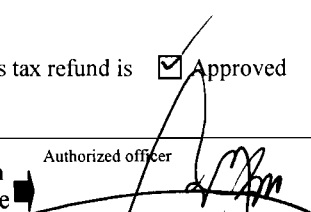
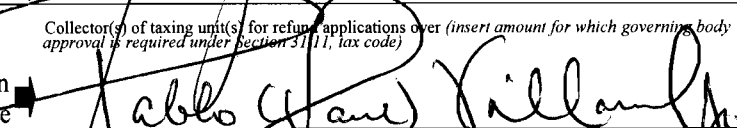
Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ACCT# 239685**

**REFUND BACK TO DELINQUENT ATTORNEYS**

**NR**

<b>Step 4:</b> 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."	
	sign here 	Date of application for tax refund <b>3/12/14</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> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>
	sign here 	Date <b>3/26/14</b>	<b>DATE: 3/20/14</b> <b>L.C. 3/25/14</b>
	sign here 	Date <b>3/19/14</b>	