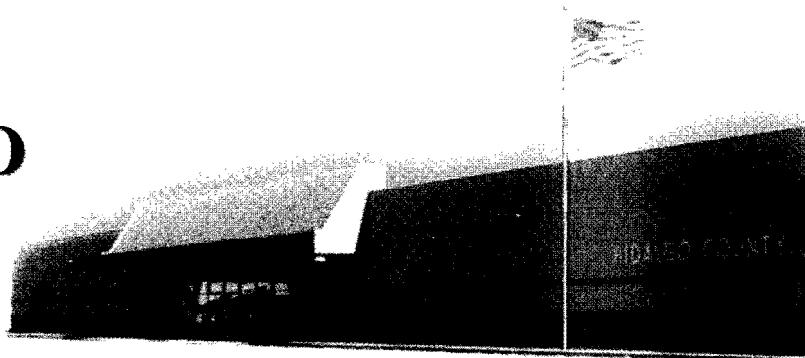


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

July 16, 2014

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

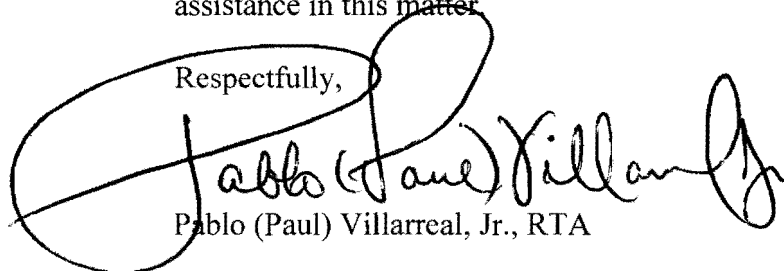
Re: See attached list

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.

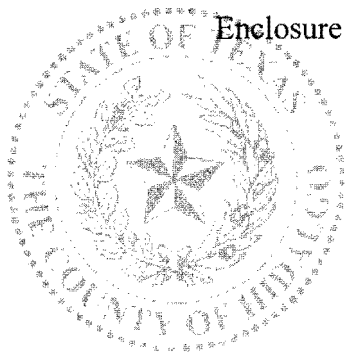
Respectfully,



Pablo (Paul) Villarreal, Jr., RTA

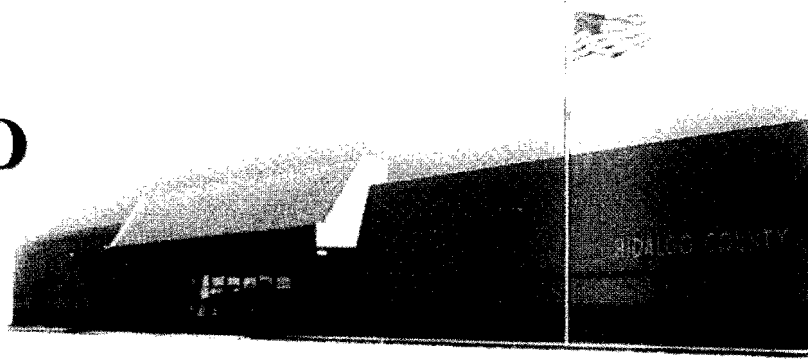
nlr

Enclosure



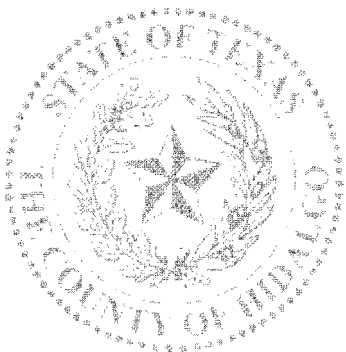
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



P.O. Box 178
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ACCOUNT NUMBER	PAYER	AMOUNT
A1800.99.038.0008.19	ROJAS HEAVY EQUIPMENT LLC	\$8,414.63
F6350.04.000.0014.00	CORELOGIC	\$4,618.46
L0250.00.035.0001.01	VALLEY LAND TITLE COMPANY	\$2,587.21
M2240.00.000.0001.01	MCALLEN ASSOCIATES	\$4,862.40
S2770.02.000.0030.00	CORELOGIC	\$4,977.38





PABLO (PAUL) VILLA:
Hidalgo County Tax Assessor.
 PO BOX 178 EDINBURG, TX 78541 J.J.

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 01/15/2014

ROJAS HEAVY EQUIPMENT LLC
240 FRONTAGE STREET
ALAMO, TX 78516

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02 7/18/14
J.C. 7/19/14

Account Number A1800-99-038-0008-19 <i>d</i> HCAD No. 20827476 <i>a</i>
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT AT 240 E FRONTAGE (EXPWY 83) SEE A1800-93-038-0008- / NEW ACCT 2011 240 E FRONTAGE (EXPWY 83) 78516 OWNER: ROJAS HEAVY EQUIPMENT

2013 OVERAGE AMOUNT \$8,414.63

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <i>(956) 787-8778</i>
	City, State, Zip Code	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ 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 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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input 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. 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>[Signature]</i>	Date of application <i>5-7-14</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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>7/14/14</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/20/14</i>

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

5/20

ATTN: CLAUDIA SALINAS

6/9

4th REQUEST:

GARZA 8305419

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-ICC
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
RAMIREZ MARCO A (PAID BY: CORELOGIC) A

Present mailing address (number and street)
600 CARDINAL AVE A

City, town or post office, state, ZIP code
MCALLEN, TX 78504 A

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **FOX RUN #4 LOT 14**

Step 2:
Describe the property

Address or location of property: **600 CARDINAL AVE**

544247 A

Account number of property: **F6350.04.000.0014.00 A** OR **24756993**

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	2013 A	12/30 / 2013	\$ 4618.46	\$ 4618.46 A
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 4618.46 A

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

NEED TO APPLY TO ACCT #F6350.04.000.0003.00/544236

SP

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: **Rebrant Johnson** **LIVE SIGNATURE** **6-10-14**

Date of application for tax refund: **6-10-14**

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

Authorized officer: **[Signature]** Date: **7/7/14**

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): **[Signature]** Date: **6/18/14**

7/2

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 SAUCEDA CARLOS & EMMA PAID BY: VALLEY LAND TITLE COMPANY-WESLACO 4	
	Present mailing address (number and street) 406 NORTH AVE A	
	City, town or post office, state, ZIP code DONNA, TX 78537 4	Phone (area code and number) 956-975-6468

Legal description (or attach copy of the tax bill or tax receipt): **LOTT, TOWN & IMPROVEMENTS E64.40'W238.80'-S240.45'-LOT 1 R/S BLKS 35-42 0.355 AC NET**

Step 2: Describe the property	Address or location of property: 406 NORTH AVE	
	206004 *	
	Account number of property: L0250.00.035.0001.01 *	Tax receipt number: OR 25877964

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	2013 4	02-24	/	2014	\$ 2587.21
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$	\$ 2587.21 A

Taxpayer's reason for refund (attach supporting documentation): **PD/ERROR AS PER VALLEY LAND TITLE. CORRECT ACCT#L0250.00.035.0002.05 ALREADY PD. REFUND TITLE CO.**

JN

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct"	
	Signature Valley Land Title Company Ltd. <i>Pusan Vleeder</i>	Date of application for tax refund 6-2-14
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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO DATE 7/7/14
	Authorized officer <i>[Signature]</i>	Date 7/14/14	
	Collector(s) of taxing unit(s) for refund applications over \$1000 (insert amount for which governing body approval is required under Section 31.13, tax code) <i>[Signature]</i>	Date 6/13/14	



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: 01/07/2014

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 2/18/14
2/14/14

MCALLEN ASSOCIATES
 PO BOX 3125
 MCALLEN, TX 78502-3125

*1801 S. 5th, Suite #103A
 McAllen, TX 78503*

Account Number M2240-00-000-0001-01 HCAD No. 230473
Legal Description of the Property MCALLEN METHODIST HOSPITAL S 471'-N1140.68'-E183' OF W261.8' OF LOT 1 1801 S 5TH ST OWNER: MCALLEN MEDICAL CENTER

2013 OVERAGE AMOUNT \$4,862.40

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 <i>McAllen Associates</i>	Relationship to Property Owner <i>Owner</i>
	Mailing Address <i>1801 S 5th Suite #103A</i>	Daytime Telephone Number <i>956 821-2762</i>
	City, State, Zip Code <i>McAllen TX 78503</i>	
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 checked="" type="checkbox"/> Overpaid the account	
	<input 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 <i>\$58,889¹⁴</i>	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed <i>4,862⁴⁰</i>	
Step 5: How should the refund be processed?	<input checked="" 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. 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>[Signature]</i>	Date of application <i>3/19/14</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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>2/14/14</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: <i>5/12/14</i>

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



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: 01/03/2014

1822001062

SCANNED
 APR 3 2014
 BAW

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

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 5/12/14
J.C. 7/14/14

Account Number S2770-02-000-0030-00 HCAD No. 574398
Legal Description of the Property SHARY FOREST II LOT 30 3100 WOODFAIR CT OWNER: DUENAS OSCAR & CARMEN

2013 OVERAGE AMOUNT \$4,977.38

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND 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>CitiMortgage</u>	Relationship to Property Owner
	Mailing Address <u>PO BOX 23189</u>	Daytime Telephone Number
	City, State, Zip Code <u>ROCHESTER, NY 14692</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>2013</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 Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<u>\$5,015.98</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$4,977.38</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. 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>Colleen Sumner</u>	Date of application <u>4/24/2014</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>7/14/14</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/12/14</u>

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

5/28