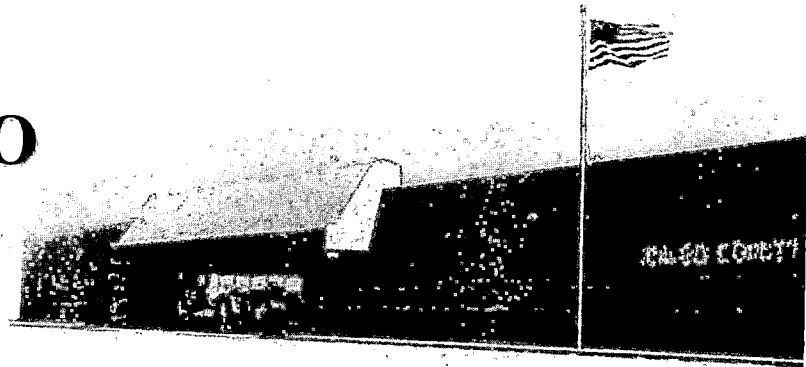


Office of Tax Assessor - Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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

March 16, 2015

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

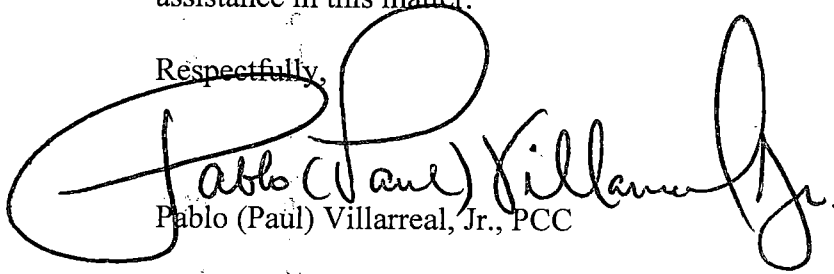
Re: See attached list

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., PCC

sp

Enclosure



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

Office of Tax Assessor - Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



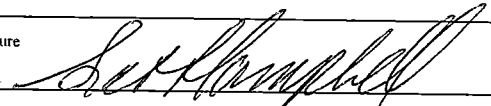
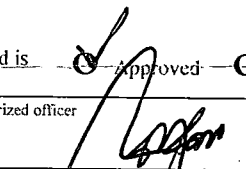
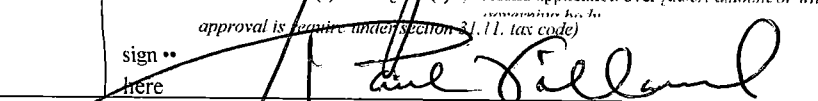
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ACCOUNT NUMBER	PAYER	AMOUNT
P2500.00.003.0004.00	SRC MANAGEMENT, INC	\$2,527.96
W0100.00.033.0003.06	IDANIA PEREZ	\$9,000.00
W4220.00.000.0010.00	DAVID CROOK ATTORNEY AT LAW	\$3,330.01



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST -DRI-FD 1-FD2-FD3-FD4-CAN- CL V -CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-1CC					
Present mailing address (number and street) PO BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name NOE D. JR. AND BRENDA A. AVILA (PAID BY:SRC MANAGEMENT, INC)						
	Present mailing address (number and street) 1107-KERRIA						
	City, town or post office, state, ZIP code MCALLEN, TX 78501-3830		Phone (area code and number) 956-428-6607				
	Legal description (or attach copy of the tax bill or tax receipt): PALMS ADDITION LOT 4 BLOCK 3						
Step 2: Describe the property	Address or location of property: 1107 KERRIA						
	255044						
	Account number of property: P2500.00.003.0004.00		Tax receipt number:				
	OR						
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		2014	12105	1 2014	\$ 2,527.96	\$ 2,527.96
	2.				f	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2,527.96
	Taxpayer's reason for refund (attach supporting documentation): PAYER IS REQUESTING FUNDS BE REFUNDED DUE TO WRAP AROUND NOTE—TAXES MORTGAGE CO. RESPONSIBILITY LETTER ENCLOSED AS BACKUP.						
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	Signature 				Date of application for tax refund 1/7/14	
	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="radio"/> Approved <input type="radio"/> Disapproved					AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Authorized officer 					DATE: 02-3-6-15 3/10/15	
	Collection(s) of taxing unit(s) for refund application over (insert amount or which approval is required under section 31.11, tax code)					Date 3/11/15	
Sign here 					Date 1-16-15 JE		

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 PEREZ ORLANDO & NORMA L PAID BY: IDANIA PEREZ
	Present mailing address (number and street) 1107 BARNES ST
	City, town or post office, state, ZIP code MISSION, TX 78572
	Phone (area code and number) 222-9600/648-1836

Legal description (or attach copy of the tax bill or tax receipt): **WEST ADDN TO SHARYLAND E198' W528'S660'**

Step 2: Describe the property	LOT 33-3 3.0AC GR 2.82AC NET	
	Address or location of property: 317663	
	Account number of property: W0100.00.033.0003.06	Tax receipt number: OR 26685161

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	10/21	/ 14	\$ 1,127.17
2. ALL ENTITIES	2012	10/21	/ 14	\$ 7,872.83	\$ 7,872.83
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 9,000.00

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. PAYMENT NEEDS TO BE APPLIED TO ACCT#R0535.00.000.0006.00**

MM

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 IDANIA PEREZ	Date of application for tax refund 01-07-15
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: OR 3-6-15 A.C. 3/10/15
	Authorized officer [Signature]		Date 3/11/15
	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 1-12-15 JE

1/20



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178

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

Print Date: 01/13/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 01-3-6-15

P.C. 3/10/15

Account Number W4220-00-000-0010-00+ HCAD No. 717161
Legal Description of the Property WESTERN CROSSROADS PLAZA LOT 10 & 11 7 MILE LINE
OWNER: DURA CONSTRUCTION INC +

DAVID CROOK ATTORNEY AT LAW
 100 SAVANNAH SUITE 380
 MCALLEN, TX 78503

2014 OVERAGE AMOUNT \$3,330.01

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 49: LA JOYA 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	Closing Attorney for Lender	
	Mailing Address	Daytime Telephone Number 971-9200	
	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 <u>2011-2014</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	\$11,473.29	
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed	\$3,330.01	
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 <i>David Crook</i> *	Date of application 01/23/15 *	
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: <u>3/11/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> *	Date: <u>2-11-15</u> * JF

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

2/11