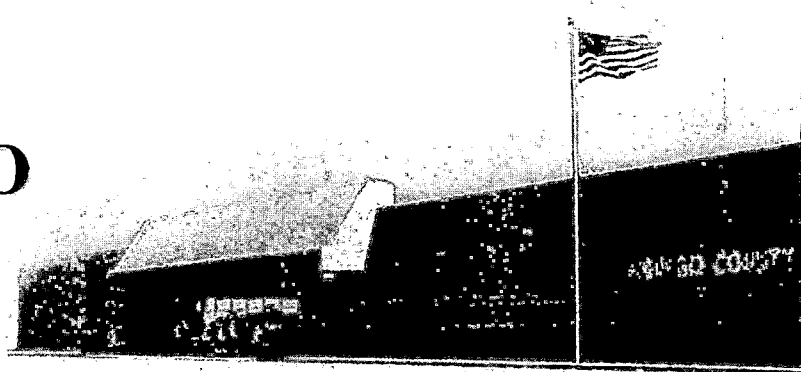


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

April 06, 2015

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

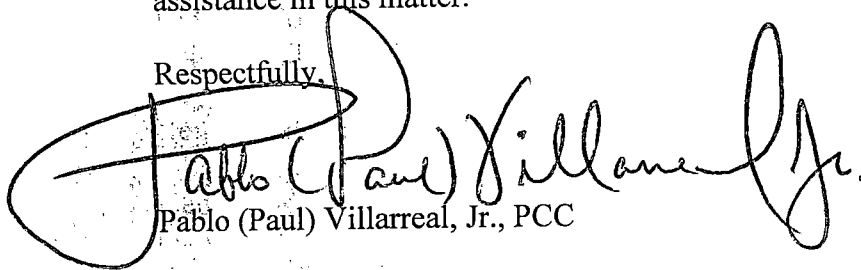
Re: See attached list

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.

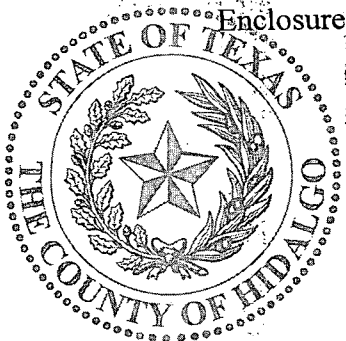
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

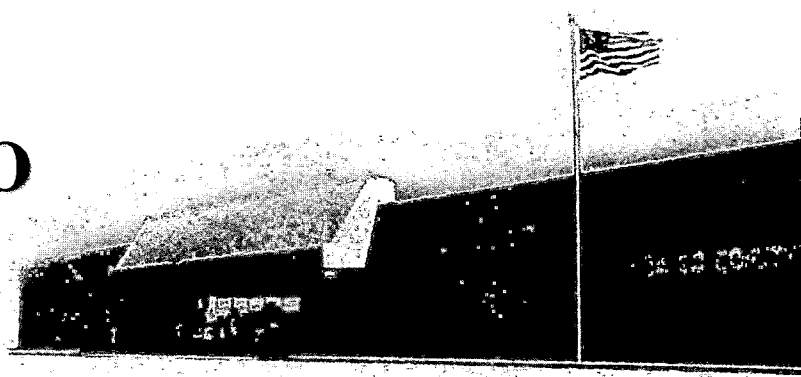
sp

Enclosure



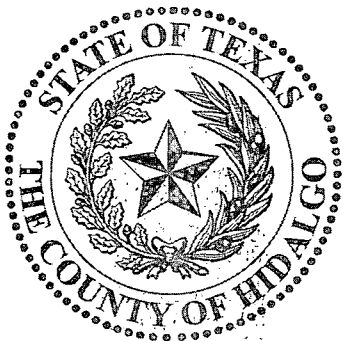
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
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ACCOUNT NUMBER	PAYER	AMOUNT
00086.90.790.0005.10	GREAT TEXAS COMPRESSION LLC	\$3,608.82
C0200.99.000.0023.03	ECONOMY ENTERPRIS RAEES PATOLI	\$2,639.12
D2025.00.000.0028.00	HACKBERRY HOMES	\$5,111.33
E8465.05.000.0001.05	LAW OFFICE OF MICHAEL J DALEY PLLC	\$2,833.52
J0430.00.000.0002.00	LASHANTE ENTERPRISES INC	\$3,247.31
J0430.00.000.0002.00	LASHANTE ENTERPRISES INC	\$3,363.48
J0430.00.000.0002.00	LASHANTE ENTERPRISES INC	\$8,349.11
P9277.06.000.0444.00	LANDCO	\$3,591.92
S2950.99.000.0204.00	WEAKS MARTIN IMPLEMENT CO	\$15,571.93
S6650.00.000.0000.05	SALVATION ARMY	\$3,749.03
T2200.00.005.0017.00	PARAMOUNT CITRUS PACKING COMPANY LLC	\$2,809.82
T2200.00.004.0017.00	PARAMOUNT CITRUS PACKING COMPANY LLC	\$3,111.76



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



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: 02/09/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *CP 3-25-15*
P.C. 3/31/15

Account Number 00086-90-790-0005-10 <i>a</i> HCAD No. 798349
Legal Description of the Property COMP UNIT #074-10 <i>See units in attached statements where payment should be applied.</i> OWNER: GREAT TEXAS COMPRESSION LLC

GREAT TEXAS COMPRESSION LLC
 18615 TUSCANY STONE STE 390
 SAN ANTONIO, TX 78258-3512

2014 OVERAGE AMOUNT \$3,608.82

1: HIDALGO COUNTY, 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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner	
	Mailing Address	Daytime Telephone Number	
	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>2014</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 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	14,386.54	3608.82
	Total tax, penalty, and interest amount owed for the year	14,386.54	3608.82
	Amount of refund claimed	- 0 -	3608.82
Step 5: How should the refund be processed? <i>See Attached Statements</i>	<input type="checkbox"/> Mail to Property Owner		
	<input type="checkbox"/> Mail to Payer at address in Step 1		
	Transfer this amount to account	<i>00105-90-660-0005-00</i> <i>00027-90-880-0005-36</i>	For tax year <u>2014</u>
	Escrow for next year's taxes	<i>00027-90-880-0005-31</i>	
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 <u>3/31/15</u> <i>a</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: <u>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <u>3/31/15</u> <i>a</i> JE

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



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

Economy Enterpris Raees Patoli
 13822 Blue Vista Dr Sugar Land
 Sugar Land , TX 77498

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3-24-15
d. C 3/30/15

Account Number C0200-99-000-0023-03 <i>d</i> HCAD No. 819925 <i>d</i>
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT AT 701 N ALAMO RD / NEW ACCT 2012 701 N ALAMO RD 78516 OWNER: ECONOMY GAS & FOOD STORE

2014 OVERAGE AMOUNT \$2,639.12 *d*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 43: PHARR, SAN JUAN, ALAMO 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>RAEES PATOLI</i>	Relationship to Property Owner <input checked="" type="checkbox"/>
	Mailing Address <i>13822 Blue Vista Dr</i>	Daytime Telephone Number <i>281-546-5544</i>
	City, State, Zip Code <i>Sugar Land Texas 77498</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>2014</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	Overpaid the account <input checked="" type="checkbox"/>	
	Duplicate payment <input type="checkbox"/>	
	Paid in error (explain) <input type="checkbox"/>	
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	<i>\$2639.12 d</i>
Step 5: How should the refund be processed?	Mail to Property Owner <input checked="" type="checkbox"/>	
	Mail to Payer at address in Step 1 <input type="checkbox"/>	
	Transfer this amount to account <input type="checkbox"/>	For tax year
	Escrow for next year's taxes <input type="checkbox"/>	
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>02/24/2015</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>3/31/15</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>(Signature)</i> Date: <i>3-2-15</i> <i>JF</i>

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



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: 02/10/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *3-2-15*

P.C 3/31/15

Hackberry Homes
 P O BOX 3031
 EDINBURG, TX 78540

Account Number D2025-00-000-0028-00 <i>↑</i> HCAD No. 660118 <i>x</i>
Legal Description of the Property DEERFIELD ESTATES LOT 28 408 SAFARI DR OWNER: ALVAREZ MARIO & MARIA IRENE <i>↘</i>

2014 OVERAGE AMOUNT \$5,111.33 *↑*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 43: PHARR, SAN JUAN, ALAMO 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		Relationship to Property Owner
	Mailing Address <i>same</i>		Daytime Telephone Number <i>956 638-7283</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 checked="" 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>Paul Villarreal</i>	Date of application <i>2/10/15</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>3/31/15</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>2-11-15</i> <i>SE</i>

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



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: 01/14/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE

DATE: 01-3-25-15
d.c 3/21/15

MAIL
JAN 28 2015

Hidalgo County Tax Office
 Received

Account Number E8465-05-000-0001-05† CAD No. 654455
Legal Description of the Property EXPRESSWAY BUSINESS PARK PH 5 S249.47' LOT 1 - AMENDED 810 TRINITY DR OWNER: COLIMAR INC

LAW OFFICE OF MICHAEL J DALEY PLLC
 IOLTA TRUST ACCOUNT
 P O BOX 4313
 MCALLEN, TX 78502

2014 OVERAGE AMOUNT \$2,833.52

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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	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>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	<u>\$ 5,782.83</u>
	Total tax, penalty, and interest amount owed for the year	<u>2,949.31</u>
	Amount of refund claimed	<u>\$ 2,833.52</u>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner <u>802 Trinity St., Mission TX 78572</u>	
	<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	Date of application <u>1-26-15</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: Date: <u>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Date: <u>3-2-15</u> SE

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



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: 12/29/2014

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 9/3-24-15

LASHANTE ENTERPRISES INC
3525 W FREDDY GONZALEZ DR STE B
EDINBURG, TX 78539-8544

Account Number R
 J0430-00-000-0002-00
 HCAD No. 451067 d

Legal Description of the Property
 J C J M LOT 2
 W SPRAGUE RD

OWNER: LASHANTE ENTERPRISES INC d

2014 OVERAGE AMOUNT \$3,247.31

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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name		Relationship to Property Owner	
	Mailing Address		Daytime Telephone Number <u>227-7399</u>	
	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		<u>3,247.31</u>	
	Total tax, penalty, and interest amount owed for the year		<u>0</u>	
	Amount of refund claimed		<u>3,247.31</u>	
Step 5: How should the refund be processed?	<input checked="" 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			Date of application
	SIGN HERE <u>A. Mahoney</u>		<u>2-13-15</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>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>9/25/15</u> <u>JE</u>

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

3/1A



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: 12/29/2014

**AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE**
 DATE: 3-24-15

LASHANTE ENTERPRISES INC
3525 W FREDDY GONZALEZ DR STE B
EDINBURG , TX 78539-8544

Account Number J0430-00-000-0002-00 ✗ HCAD No. 451067 ✗
Legal Description of the Property J C J M LOT 2 W SPRAGUE RD OWNER: LASHANTE ENTERPRISES INC ✗

2014 OVERAGE AMOUNT \$3,363.48

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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>227-7399</u>
	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	<u>3,363.48</u>
	Total tax, penalty, and interest amount owed for the year	<u>0</u>
	Amount of refund claimed	<u>3,363.48</u>
Step 5: How should the refund be processed?	<input checked="" 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 <u>A. Mahesh</u> ✗	Date of application <u>2-13-15</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>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>2/25/15</u> JK

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



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: 12/29/2014

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3-24-15

J.C. 3/30/15

LASHANTE ENTERPRISES INC
3525 W FREDDY GONZALEZ DR STE B
EDINBURG, TX 78539-8544

Account Number J0430-00-000-0002-00 HCAD No. 451067	9
Legal Description of the Property J C J M LOT 2 W SPRAGUE RD	
OWNER: LASHANTE ENTERPRISES INC	X

2014 OVERAGE AMOUNT \$8,349.11

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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 227-7399
	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	8,349.11
	Total tax, penalty, and interest amount owed for the year	0
	Amount of refund claimed	8,349.11
Step 5: How should the refund be processed?	<input checked="" 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>A. Mahes</i>	Date of application 2-13-15
	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: 3/31/15
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 2/25/15 JK

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



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: 03/10/2015

LANDCO
 2614 W. FREDDY GONZALEZ DR.
 EDINBURG, TX 78539--735

ACCEPTED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3-23-15
 P.C. 3/31/15

Account Number P9277-06-000-0444-00 HCAD No. 720620
Legal Description of the Property PUEBLO DE PALMAS PH 6 LOT 444 DATE PALM DR OWNER: SALINAS RAMIRO & KARINA

2014 OVERAGE AMOUNT \$3,591.92

1: HIDALGO COUNTY, 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	Relationship to Property Owner
	Mailing Address	
	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 _____	Apply # 1,587.56 nd.
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	to Acct# 619728 Refund Difference to Taxpayer \$2,004.36
	<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	
	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 Ste	
	<input type="checkbox"/> Transfer this amount to account	
	<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	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: 3/31/15
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By:	Date: 3/13/15 JE

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



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Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178

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

Print Date: 02/13/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE:
 DATE: 02-27-15
J.C. 3/31/15

WEAKS MARTIN IMPLEMENT CO
PO BOX 910
MISSION, TX 78573-0015

Account Number S2950-99-000-0204-00 <i>d</i> HCAD No. 283249 <i>a</i>
Legal Description of the Property INVENTORY EQUIPMENT & VEHICLES AT HIGHWAY 83 LOT 204 JOHN H SHARY (SEE S2950-93-000-0204-00) 2398 E HWY 83 78572 OWNER: WEAKS MARTIN IMPLEMENT CO

2014 OVERAGE AMOUNT \$15,571.93 *d*

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	Weaks Martin Implement Co Inc		Relationship to Property Owner	Treasurer
	Mailing Address	PO Box 910		Daytime Telephone Number	956 585-1618
	City, State, Zip Code	Mission, Tx 78573-0015			
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>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	was also paid through escrow account and by check 1-2015		
	<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 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				Date of application
	SIGN HERE	<u>John R. Morris</u> <i>d</i>			<u>3-2-15</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> <i>d</i> Date: <u>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	By: <u>[Signature]</u> <i>d</i> Date: <u>3/17/15</u>

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

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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 SALVATION ARMY	
	Present mailing address (number and street) 1424 NORTHEAST EXPRESSWAY	
	City, town or post office, state, ZIP code ATLANTA, GA 30329	Phone (area code and number) (405) 947-1396 JAMES BARRETT

Legal description (or attach copy of the tax bill or tax receipt): **STROUD-HUNTER LOT H**

Step 2: Describe the property	0.5739
	Address or location of property: 2220 PECAN BLVD
	291187
	Account number of property: \$6650.00.000.0000.05 OR 27419599

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	12/23 / 2014	\$ 3749.03	\$ 3749.03
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3749.03

Taxpayer's reason for refund (attach supporting documentation): **PAYER IS REQUESTING FUNDS BE RETURNED DUE TO PROPERTY BEING SOLD. THERE IS NO INTEREST AND 2014 TAX PAYMENT SHOULD BE REFUNDED. (CLS)**

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 James G Barrett	Date of application for tax refund 2/3/15

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
	Authorized officer [Signature]		DATE: 3-24-15
	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 3-2-15



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: 12/19/2014

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: CR 3-25-15
J.C 3/31/15

PARAMOUNT CITRUS PACKING COMPANY LLC
5001 CALIFORNIA AVE STE 230
BAKERSFIELD, CA 93309

Account Number T2200-00-005-0017-00 HCAD No. 298620
Legal Description of the Property TEXAN GARDENS LOT 17 BLK 5.16.10AC GR IOWA RD OWNER: PARAMOUNT CITRUS II LLC

2014 OVERAGE AMOUNT \$2,809.82

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		Relationship to Property Owner
	Mailing Address		Daytime Telephone Number
	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		\$ 3,052.99
	Total tax, penalty, and interest amount owed for the year		\$ 243.17
	Amount of refund claimed		\$ 2,809.82
Step 5: How should the refund be processed?	<input checked="" 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>Chong Chong</i>	Date of application	3/3/2015
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: 3/31/15
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 3/17/15

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



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: 12/19/2014

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: CE 3.24.15
P.C. 3/31/15

PARAMOUNT CITRUS PACKING COMPANY LLC
 5001 CALIFORNIA AVE STE 230
 BAKERSFIELD, CA 93309

Account Number T2200-00-004-0017-00 HCAD No. 298602
Legal Description of the Property TEXAN GARDENS 17.83AC LOT 17 BLK 4 IOWA RD OWNER: PARAMOUNT CITRUS II LLC

2014 OVERAGE AMOUNT \$3,111.76

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		Relationship to Property Owner
	Mailing Address		Daytime Telephone Number
	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		\$ 3,381.05
	Total tax, penalty, and interest amount owed for the year		\$ 269.29
	Amount of refund claimed		\$ 3,111.76
Step 5: How should the refund be processed?	<input checked="" 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: <u>Chong Chong Sun</u>		Date of application: <u>3/3/2015</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>3/31/15</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/17/15</u> JE

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

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