

Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



May 14, 2015

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

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See 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., PCC

nlr

Enclosure



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

ACCOUNT NUMBER	PAYER	AMOUNT
C1830.99.000.0001.02	CINEDIGM DIGITAL FUNDING I LLC	\$10,997.54
C8850.00.026.0010.00	CORELOGIC	\$3,057.98
D8510.02.000.0113.00	SM3 VENTURES	\$8,522.79
E8445.99.000.0007.02	SYSCO CENTRAL TEXAS INC	\$12,411.22
G5900.01.02A.0016.00	BLANCA G LOZANO & FERNANDO L RODRIGUEZ	\$3,516.45
J2002.99.000.0003.05	POINT BLANK SPORTING GOODS	\$7,387.42
J2280.00.000.0002.00	GOLD'S GYM OF PHARR	\$12,872.15
J7800.00.000.0001.01	SPAZIO DESIGN & CONSTRUCTION	\$21,314.27
L5800.99.000.0000.01	FAVORITE BRANDS LLC	\$6,775.93
M2075.00.000.006B.00	GOLDSTEIN FINANCIAL LLC	\$13,952.08
M2650.99.002.0003.01	CONSOLIDATED ELECTRICAL DISTRIBUTORS INC	\$7,146.83
M5500.00.069.0009.05	LANDTITLE USA INC	\$3,127.87
M5500.00.069.0009.05	LANDTITLE USA INC	\$3,132.31
M5500.00.069.0009.05	LANDTITLE USA INC	\$6,066.79
M5500.00.069.0009.05	LANDTITLE USA INC	\$4,364.66



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

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

ACCOUNT NUMBER	PAYER	AMOUNT
S1700.01.000.0015.00	LA CRUCES/SANTA CRUZ PROPERTIES LTD	\$2,656.67
S3092.00.000.000C.00	ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	\$11,515.88
S3092.00.000.000C.00	ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	\$7,905.33
S3092.00.000.000C.00	ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	\$7,116.36
S3092.00.000.000C.00	ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	\$7,168.32
S3092.00.000.000C.00	ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	\$7,911.74
S4765.99.00C.0101.02	RENAISSANCE SURGERY GROUP	\$5,221.63
S5800.00.000.0023.00	RAM INVESTMENTS DBA MARTIN HOME BUILDERS INC	\$6,896.71
T6266.01.000.0024.00	CORELOGIC	\$2,684.03
T7700.99.000.000A.00	1601 SOUTH CAGE LLC-IHOP 3462	\$2,987.06
W0100.00.029.0007.14	CS REAL ESTATE INVESTMENTS LTD	\$3,392.25
W7700.04.000.0032.05	SALON REAL DEL VALLE	\$3,601.84



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 CINEDIGM DIGITAL FUNDING I LLC																																		
	Present mailing address (number and street) 902 BROADWAY 9TH FLOOR																																		
	City, town or post office, state, ZIP code NEW YORK, NY 10010-6036			Phone (area code and number)																															
	Legal description (or attach copy of the tax bill or tax receipt): EQUIPMENT AT 3003 S EXPWY 281 (INSIDE CARMIKE																																		
Step 2: Describe the property	THEATRE) NEW ACCT 2011																																		
	Address or location of property: 796353 d																																		
	Account number of property: C1830.99.000.0001.02 d OR 27906106																																		
Step 3: Give the tax payment information	<table border="1"> <thead> <tr> <th>Name Of Taxing Unit from Which Refund is Requested</th> <th>Year for Which Refund is Requested</th> <th>Date of the Tax Payment</th> <th>Amount of Taxes Paid</th> <th>Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>1/13 / 15</td> <td>\$ 42,679.54</td> <td>\$ 10,997.54</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 10,997.54 d</td> </tr> </tbody> </table>					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	1/13 / 15	\$ 42,679.54	\$ 10,997.54	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 10,997.54 d
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	1/13 / 15	\$ 42,679.54	\$ 10,997.54																															
2.		/	\$	\$																															
3.		/	\$	\$																															
4.		/	\$	\$																															
5.		/	\$ TOTAL	\$ 10,997.54 d																															
	Taxpayer's reason for refund (attach supporting documentation): CORRECTION OF NON-CLERICAL ERROR. REFUND \$7,829.33 TO TP DIFF \$3,168.21 APPLY TO ACCOUNT RF150321 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." sign here  Signature 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.																																		
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved sign here  Authorized officer Date 5/11/15 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) Date 4/22/15 JE																																		

4/22

APPLICATION FOR TAX REFUND

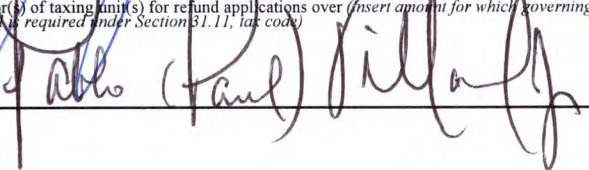
Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code 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 JAVIER & PATRICIA M CARDENAS PAID BY: CORELOGIC					
	Present mailing address (number and street) 1308 S 17TH AVE					
	City, town or post office, state, ZIP code EDINBURG, TX 78539-5745			Phone (area code and number) (956) 318-2157		
Legal description (or attach copy of the tax bill or tax receipt): COUNTRY CLUB PLACE 2ND ADDN LOT 10 BLK 26						
Step 2: Describe the property	Address or location of property:					
	154779 d					
	Account number of property: C8850.00.026.0010.00 d					
	Tax receipt number: OR 27520820					
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	12/29 / 14	\$ 3,057.98	\$ 3,057.98
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 3,057.98 d
	Taxpayer's reason for refund (attach supporting documentation): GRANT DV/HS FILED LATE					
	RF 150321					
	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 sign here 				Date of application for tax refund Date 	
	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 sign here 				Date 5/11/15	
	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) sign here 				Date 4/22/15 JE	

4/22

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 SM3 VENTURES LLC D/B/A SUMMIT SPORTS & WELLNESS CENTER PAID BY: SM3 VENTURES					
	Present mailing address (number and street) PO BOX 1868					
	City, town or post office, state, ZIP code MCALLEN, TX 78505-1868		Phone (area code and number) 			
Legal description (or attach copy of the tax bill or tax receipt): DUNLYN ESTATES PH 2 LOT 113						
Step 2: Describe the property	Address or location of property:					
	161810					
	Account number of property: D8510.02.000.0113.00		Tax receipt number: OR 28356895			
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	1/30 / 15	\$ 36,779.63	\$ 8,522.79
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 8,522.79
	Taxpayer's reason for refund (attach supporting documentation): CORRECTIONS DUE TO FAILURE TO					
	SEND REQUIRED NOTICE. APPLY BACK TO ACCOUNT. RF150321					
	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 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.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	Authorized officer sign here 			Date 5/11/15		
	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) sign here 			Date 4/22/15 JE		

4/22

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 SYSO CENTRAL TEXAS INC	
	Present mailing address (number and street) 1260 SCHWAB RD	
	City, town or post office, state, ZIP code NEW BRAUNFELS, TX 78132	Phone (area code and number)

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

Step 2: Describe the property	VEHICLES AT 4415 N US 281 NEW ACCT 2013	
	Address or location of property: 883325	
	Account number of property: E8445.99.000.0007.02	Tax receipt number: OR 28643427

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	1/30 / 15	\$ 12,427.65	\$ 12,411.22
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 12,411.22
Taxpayer's reason for refund (attach supporting documentation): INCLUSION OF SOME PROPERTY					
NON EXISTENT SOME ASSETS DISPOSED 9-1-13 PER VEH LISTING 10%					
RENDITION PENALTY WAIVED. RF150321 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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.11, tax code) sign here	Date 9/22/15

**AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: 5-11-15**

4/22

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		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 FERNANDO C & BALNCA LETICIA G LOZANO PD BY:BLANCA G LOZANO & FERNANDO L RODRIGUEZ Present mailing address (number and street) 3903 SAN CLEMENTE City, town or post office, state, ZIP code MISSION, TX 78572-7168																																
	Phone (area code and number)																																
Legal description (or attach copy of the tax bill or tax receipt): DUNLYN ESTATES PH 2 LOTT 113																																	
Step 2: Describe the property	Address or location of property: 181231 Account number of property: G5900.01.02A.0016.00																																
	Tax receipt number: OR 28258322																																
Step 3: Give the tax payment information	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:20%;">Amount of Taxes Paid</th> <th style="width:15%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>1/28 / 15</td> <td>\$ 3,815.48</td> <td>\$ 3,516.45</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 3,516.45</td> </tr> </tbody> </table>			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	1/28 / 15	\$ 3,815.48	\$ 3,516.45	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 3,516.45
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	1/28 / 15	\$ 3,815.48	\$ 3,516.45																													
2.		/	\$	\$																													
3.		/	\$	\$																													
4.		/	\$	\$																													
5.		/	\$ TOTAL	\$ 3,516.45																													
Taxpayer's reason for refund (attach supporting documentation): GRANT AG USE																																	
RF150321																																	
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." <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> sign here Signature </td> <td style="width:40%; padding: 5px;"> Date of application for tax refund </td> </tr> </table>			sign here Signature	Date of application for tax refund 																												
sign here Signature	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.																																	
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-11-14 2-25-13-15 <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> sign here Authorized officer </td> <td style="width:40%; padding: 5px;"> Date 5/13/15 </td> </tr> <tr> <td style="width:60%; padding: 5px;"> 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) </td> <td style="width:40%; padding: 5px;"> Date 4/22/15 JE </td> </tr> </table>			sign here Authorized officer	Date 5/13/15	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)	Date 4/22/15 JE																										
sign here Authorized officer	Date 5/13/15																																
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)	Date 4/22/15 JE																																

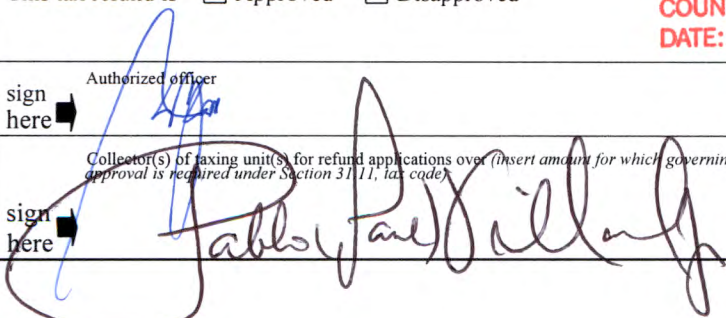
4/22

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		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 POINT BLANK SPORTING GOODS ✕ Present mailing address (number and street) 407 N JACKSON RD City, town or post office, state, ZIP code PHARR, TX 78577-2112																																
	Phone (area code and number)																																
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 407 N JACKSON NEW ACCT 2013 Address or location of property: 842805 ✕ Account number of property: J2002.99.000.0003.05 ✕ OR 27759211 Tax receipt number:																																
Step 3: Give the tax payment information	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:20%;">Amount of Taxes Paid</th> <th style="width:15%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>1/6 / 15</td> <td>\$ 19,438.39</td> <td>\$ 7,387.42</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 7,387.42 ✕</td> </tr> </tbody> </table> Taxpayer's reason for refund (attach supporting documentation): SUBMITTED/ENTERED WRONG RF150321 MM			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	1/6 / 15	\$ 19,438.39	\$ 7,387.42	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 7,387.42 ✕
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	1/6 / 15	\$ 19,438.39	\$ 7,387.42																													
2.		/	\$	\$																													
3.		/	\$	\$																													
4.		/	\$	\$																													
5.		/	\$ TOTAL	\$ 7,387.42 ✕																													
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." <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> sign here ✕ Signature </td> <td style="width:40%; padding: 5px;"> Date of application for tax refund </td> </tr> </table> 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.			sign here ✕ Signature 	Date of application for tax refund 																												
sign here ✕ Signature 	Date of application for tax refund 																																
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-11-15 D.C.S.D.N <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> sign here ✕ Authorized officer </td> <td style="width:40%; padding: 5px;"> Date 5/13/15 </td> </tr> <tr> <td style="padding: 5px;"> 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) </td> <td style="padding: 5px;"> Date 4/22/15 JE </td> </tr> </table>			sign here ✕ Authorized officer 	Date 5/13/15	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) 	Date 4/22/15 JE																										
sign here ✕ Authorized officer 	Date 5/13/15																																
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) 	Date 4/22/15 JE																																

4/22

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 ELI-GAR LTD PAID BY: GOLD'S GYM OF PHARR					
	Present mailing address (number and street) 201 S DAKOTA					
	City, town or post office, state, ZIP code LAREDO, TX 78041-3258		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): JACKSON RIDGE COURT LOT 2						
Step 2: Describe the property	Address or location of property:					
	622515					
	Account number of property:		Tax receipt number:			
	J2280.00.000.0002.00		OR 28678145			
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	1/30 / 15	\$ 28,962.34	\$ 12,872.15
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 12,872.15
	Taxpayer's reason for refund (attach supporting documentation): WRONG LAND RATE APPLIED					
	RF150321					
	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."					
	sign here Signature				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.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	Authorized officer sign here 				Date 5/13/15	
	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)				Date 4/22/15 JF	

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-11-15 P.C.S.B-15**

4/22

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 ENTERPRISE TWENTY FIRST CENTURY INC PD BY: SPAZIO DESIGN & CONSTRUCTION
	Present mailing address (number and street) 5103 S MCCOLL RD
	City, town or post office, state, ZIP code EDINBURG, TX 78539-8278
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): JONES, MAX W4.07AC OF LOT 1 3.71AC NET	
	Address or location of property: 200872	
	Account number of property: J7800.00.000.0001.01	Tax receipt number: 26189472
	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	2013	4/30 / 14	\$ 42,699.68	\$ 21,314.27
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 21,314.27
	Taxpayer's reason for refund (attach supporting documentation): THIS IS A CORRECTION DUE TO FAILURE TO END REQUIRED NOTICE (SECTION 41.411) RF150321 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 sign here 	Date of application for tax refund sign here 
	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 sign here 	Date 5/13/15
	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) sign here 	Date 4/22/15 JE

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: **5-12-15**
LC 5-13-15

4/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Unit) 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 FAVORITE BRANDS LLC					
	Present mailing address (number and street) 3900 N MCCOLL RD					
	City, town or post office, state, ZIP code MCALLEN, TX 78501-9160		Phone (area code and number) 			
Legal description (or attach copy of the tax bill or tax receipt): DELETE 2014 GONE 12/31/13 INVENTORY &						
Step 2: Describe the property	VEHICLE AT 3900 N MCCOLL RD					
	Address or location of property: 902473					
	Account number of property: L5800.99.000.0000.01		Tax receipt number: 2742753			
	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	12/30 / 14	\$ 6,775.93	\$ 6,775.93
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 6,775.93
	Taxpayer's reason for refund (attach supporting documentation): INCLUSION OF PERSONAL					
	PROPERTY NON EXISTENT . RF 150321					
	MM					
	Appx to 2013					
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 		
	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					
	sign here  Authorized officer				Date 5/11/15	
	sign here  Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.11, tax code)				Date 4/22/15 JE	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-11-15 A.C. 5-11-15					

4/22

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 GOLDSTEIN FINANCIAL LLC																																		
	Present mailing address (number and street) 7010 PADRE BLVD																																		
	City, town or post office, state, ZIP code SOUTH PADRE ISLAND, TX 78597			Phone (area code and number)																															
	Legal description (or attach copy of the tax bill or tax receipt): MCALLEN CONVENTION CENTER LOT 6B																																		
Step 2: Describe the property	Address or location of property: 726290 Account number of property: M2075.00.000.006B.00 OR 27342917 Tax receipt number:																																		
Step 3: Give the tax payment information	<table border="1"> <thead> <tr> <th>Name Of Taxing Unit from Which Refund is Requested</th> <th>Year for Which Refund is Requested</th> <th>Date of the Tax Payment</th> <th>Amount of Taxes Paid</th> <th>Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>12/18 / 14</td> <td>\$ 34,177.95</td> <td>\$ 13,952.08</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 13,952.08</td> </tr> </tbody> </table> Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE/PRORATION RF150312 MM					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	12/18 / 14	\$ 34,177.95	\$ 13,952.08	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 13,952.08
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	12/18 / 14	\$ 34,177.95	\$ 13,952.08																															
2.		/	\$	\$																															
3.		/	\$	\$																															
4.		/	\$	\$																															
5.		/	\$ TOTAL	\$ 13,952.08																															
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 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 sign here  Authorized officer 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 5/11/15 Date 5-5-15 JE																																		

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-12-15**
J.C. 5-12-15

5/12

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Unit) 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 BUSH SUPPLY PD BY: CONSOLIDATED ELECTRICAL DISTRIBUTORS INC
	Present mailing address (number and street) 2308 W TRENTON RD
	City, town or post office, state, ZIP code EDINBURG, TX 78539-7063
	Phone (area code and number) (956) 318-2157

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY SUPPLIES FURNITURE FIXTURES	
	EQUIPMENT & VEHICLES AT 2308 W TRENTON RD	
	Address or location of property: 899201	
	Account number of property: M2650.99.002.0003.01	Tax receipt number: 28643586
	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	1/30 / 15	\$ 38,130.55	\$ 7,146.83
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 7,146.83
	Taxpayer's reason for refund (attach supporting documentation): FAILURE TO RECEIVE CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE (SEC 41.411)				

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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	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) sign here	Date 5/12/15

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-11-15**
2-05-15

4/22

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 ROWLAND BENNARD S II PAID BY: LANDTITLE USA INC
	Present mailing address (number and street) PO BOX 72
	City, town or post office, state, ZIP code LASAR, TX 78561-0072
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): MO TEX N36.83 AC LOT 9	
	Address or location of property:	
	241153	
	Account number of property: M5500.00.069.0009.05	Tax receipt number: OR 18663168

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	2010	6/30 / 11	\$ 3,127.87	\$ 3,127.87
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,127.87
	Taxpayer's reason for refund (attach supporting documentation): GRANTED PER FAILURE TO PROCESS OWNERSHIP CHANGE PER DEED RECORDED PRIOR TO JAN 1 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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.11, tax code) sign here	Date 4/22/15 JE

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **APR 9-11-15**
A.C. 5-12-15

4/22

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		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 ROWLAND BENNARD S II PAID BY: LANDTITLE USA INC		
Owner's name and address	Present mailing address (number and street) PO BOX 72		
	City, town or post office, state, ZIP code LASAR, TX 78561-0072		Phone (area code and number)
Legal description (or attach copy of the tax bill or tax receipt): MO TEX N36.83 AC LOT 9			
Step 2:	Describe the property		
	Address or location of property:		
	241153		
	Account number of property:		Tax receipt number:
	M5500.00.069.0009.05		OR 21022499
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
	1. ALL ENTITIES	2011	6/27 / 12
	2.		/
	3.		/
	4.		/
	5.		/
			\$ TOTAL
			\$ 3,132.31
Taxpayer's reason for refund (attach supporting documentation): GRANTED PER FAILURE TO			
PROCESS OWNERSHIP CHANGE PER DEED RECORDED PRIOR TO JAN 1			
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."		
	sign here	Signature	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.			
Step 5:	Tax refund Determination		
	This tax refund is ☒ Approved ☐ Disapproved		
	sign here	Authorized officer	
	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)		Date
			5/11/15
			4/22/15 JE

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: 06-05-15
2.05-12-15

4/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Unit) 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 ROWLAND BENNARD S II PAID BY: LANDTITLE USA INC					
	Present mailing address (number and street) PO BOX 72					
	City, town or post office, state, ZIP code LASAR, TX 78561-0072		Phone (area code and number) 			
Legal description (or attach copy of the tax bill or tax receipt): MO TEX N36.83 AC LOT 9						
Step 2: Describe the property	Address or location of property:					
	241153					
	Account number of property:		Tax receipt number:			
	M5500.00.069.0009.05		OR 24132218			
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		2012	11/20 / 13	\$ 6,066.79	\$ 6,066.79
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 6,066.79
	Taxpayer's reason for refund (attach supporting documentation): GRANTED PER FAILURE TO					
	PROCESS OWNERSHIP CHANGE PER DEED RECORDED PRIOR TO JAN 1					
	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."					
	sign here Signature				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.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	Authorized officer sign here				Date 5/11/15	
	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) sign here				Date 4/22/15 JE	

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 5-11-15
AC 5-12-15

4/22

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 ROWLAND BENNARD S II PAID BY: LANDTITLE USA INC	
	Present mailing address (number and street) PO BOX 72	
	City, town or post office, state, ZIP code LASAR, TX 78561-0072	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MO TEX N36.83 AC LOT 9**

Step 2: Describe the property	Address or location of property:	
	241153	
	Account number of property: M5500.00.069.0009.05	Tax receipt number: 24132218
	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	2013	11/20 / 13	\$ 4,364.66	\$ 4,364.66
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 4,364.66
Taxpayer's reason for refund (attach supporting documentation): GRANTED PER FAILURE TO PROCESS OWNERSHIP CHANGE PER DEED RECORDED PRIOR TO JAN 1 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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	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) sign here	Date 4/22/15

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-11-15**

5-12-15

4/22

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 ELENA CANTU PD BY:LA CRUCES/SANTA CRUZ PROPERTIES LTD	
	Present mailing address (number and street) PO BOX 3912	
	City, town or post office, state, ZIP code EDINBURG, TX 78540-3912	Phone (area code and number) (956) 318-2157

Legal description (or attach copy of the tax bill or tax receipt): **SANTA CRUZ GARDENS #1 LOT 15 6.89AC GR**

Step 2: Describe the property	6.61 AC NET	
	Address or location of property:	
	277714	
	Account number of property:	Tax receipt number:
	S1700.01.000.0015.00	OR 28581838/28636313/28744042/

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	1/30 / 15	\$ 522.93	\$
	2. ALL ENTITIES	2014	1/30 / 15	\$ 2,927.98	\$ 2,651.76
	3. ALL ENTITIES	2014	2/11 / 15	\$ 4.91	\$ 4.91
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,656.67

Taxpayer's reason for refund (attach supporting documentation): **GRANT AG USE**

RF150411

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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	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) sign here	Date 5-5-15

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-11-15**

8/6

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 ANGELITO DE DIOS & MARIA DURAN FMLY LMTD					
	Present mailing address (number and street) 222 E RIDGE RD STE 116					
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1251				Phone (area code and number) ■	
Legal description (or attach copy of the tax bill or tax receipt): SHEVAL LOT C						
Step 2: Describe the property	Address or location of property:					
	711960 d					
	Account number of property:			Tax receipt number:		
	S3092.00.000.000C.00 d			OR 2057617/17942784		
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. CEB		2010	1/28 / 11	\$ 3,334.90	\$ 2,672.53 d
	2. ALL ENTITIES		2010	1/31 / 11	\$ 11,035.11 d	\$ 8,843.35 d
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 11,515.88
	Taxpayer's reason for refund (attach supporting documentation): INCLUSION OF PROPERTY NON					
	EXISTENT ALL IMPROVEMENTS TRANSFERRED TO S3092.00.000.000F.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."					
	sign here ■ Signature				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.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	sign here ■ Authorized officer				Date 5/11/15	
	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)				Date 4/22/15 JE	

4/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CL V-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 ANGELITO DE DIOS & MARIA DURAN FMLY LMTD									
	Present mailing address (number and street) 222 E RIDGE RD STE 116									
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1251				Phone (area code and number)					
Legal description (or attach copy of the tax bill or tax receipt): SHEVAL LOT C										
Step 2: Describe the property	Address or location of property:									
	711960									
	Account number of property:			Tax receipt number:						
	S3092.00.000.000C.00			OR 20299188						
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		1/31 / 12		\$ 10,761.35		\$ 7,905.33	
	2.				/		\$		\$	
	3.				/		\$		\$	
	4.				/		\$		\$	
	5.				/		\$ TOTAL		\$ 7,905.33	
	Taxpayer's reason for refund (attach supporting documentation): INCLUSION OF PROPERTY NON EXISTENT ALL IMPROVEMENTS TRANSFERRED TO S3092.00.000.000F.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."								
sign here Signature						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.										
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved									
	Authorized officer sign here						Date 5/11/15			
	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) sign here						Date 4/22/15 JE			

4/22

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 ANGELITO DE DIOS & MARIA DURAN FMLY LMTD	
	Present mailing address (number and street) 222 E RIDGE RD STE 116	
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1251	Phone (area code and number) █

Legal description (or attach copy of the tax bill or tax receipt): **SHEVAL LOT C**

Step 2: Describe the property	Address or location of property:	
	711960	
	Account number of property: S3092.00.000.000C.00	Tax receipt number: 22709397
	OR	

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: **5-11-15**
D.C. 5-12-15

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	2012	1/29 / 13	\$ 9,823.74	\$ 7,116.36
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 7,116.36

Taxpayer's reason for refund (attach supporting documentation): **INCLUSION OF PROPERTY NON
EXISTENT ALL IMPROVEMENTS TRANSFERRED TO S3092.00.000.000F.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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here █	Date 5/11/15
	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) sign here █	Date 4/22/15 JE

4/22

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 ANGELITO DE DIOS & MARIA DURAN FMLY LMTD
	Present mailing address (number and street) 222 E RIDGE RD STE 116
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1251
	Phone (area code and number) 956 318-2157

Legal description (or attach copy of the tax bill or tax receipt): **SHEVAL LOT C**

Step 2: Describe the property	Address or location of property: 711960	
	Account number of property: S3092.00.000.000C.00	
	Tax receipt number: 28413560	
	OR	

**AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: 5-11-15
J.C. 5-12-15**

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	1/30 / 14	\$ 9,895.46	\$ 7,168.32
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 7,168.32

Taxpayer's reason for refund (attach supporting documentation): **INCLUSION OF PROPERTY NON
EXISTENT ALL IMPROVEMENTS TRANSFERRED TO S3092.00.000.000F.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 sign here	Date of application for tax refund 5/11/15
	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 ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	Collector(s) of taxing unit(s) for refund applications over \$100,000 for which governing body approval is required under Section 31.11, tax code sign here	Date 4/22/15 JE

4/22

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		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 ANGELITO DE DIOS & MARIA DURAN FMLY LMTD																																
Owner's name and address	Present mailing address (number and street) 222 E RIDGE RD STE 116																																
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1251		Phone (area code and number)																														
Legal description (or attach copy of the tax bill or tax receipt): SHEVAL LOT C																																	
Step 2:	Describe the property																																
	Address or location of property:																																
	711960 <i>d</i>																																
	Account number of property:		Tax receipt number:																														
	S3092.00.000.000C.00 <i>d</i>		OR 28413560																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:20%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>1/30 / 15</td> <td>\$ 9,672.40</td> <td>\$ 7,911.74</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 7,911.74 <i>d</i></td> </tr> </tbody> </table>				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	1/30 / 15	\$ 9,672.40	\$ 7,911.74	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 7,911.74 <i>d</i>
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	1/30 / 15	\$ 9,672.40	\$ 7,911.74																													
2.		/	\$	\$																													
3.		/	\$	\$																													
4.		/	\$	\$																													
5.		/	\$ TOTAL	\$ 7,911.74 <i>d</i>																													
Taxpayer's reason for refund (attach supporting documentation): INCLUSION OF PROPERTY NON																																	
EXISTENT ALL IMPROVEMENTS TRANSFERRED TO S3092.00.000.000F.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."																																
	sign here	Signature																															
		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.																																	
Step 5:	Tax refund Determination																																
	This tax refund is ☒ Approved ☐ Disapproved																																
	sign here	Authorized officer																															
	sign here	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code)																															
		Date																															
		Date																															

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE:
DATE: *PC 5-11-15*
PC 5-12-15

4/22

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 UROLGY INSTITUTE AT RENAISSANCE PD BY:RENAISSANCE SURGERY GROUP					
	Present mailing address (number and street) PO BOX 3293					
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY SUPPLIES FURNITURE FIXTURES						
Step 2: Describe the property	EQUIPMENT & VEHICLES AT 110 E SAVANNAH UNIT C-101 & 203 NEW ACCT 2014					
	Address or location of property:					
	901552					
	Account number of property:		Tax receipt number:			
	S4765.99.00C.0101.02		OR 28313453			
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	1/29 / 15	\$ 18,827.42	\$ 5,221.63
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 5,221.63
	Taxpayer's reason for refund (attach supporting documentation): SUBMITTED/ENTERED WRONG					
	RF150321					
	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."					
	sign here Signature				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.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	sign here Authorized officer				AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-11-15 5-12-15 5/11/15	
	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)				DATE 4/22/15 JE	

4/22

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 ✗ RICK MARTIN PD BY: RAM INVESTMENTS DBA MARTIN HOME BUILDERS INC					
	Present mailing address (number and street) 7208 W EXPRESSWAY 83					
	City, town or post office, state, ZIP code MISSION, TX 78572-9579		Phone (area code and number) XXXXXXXXXX			
Legal description (or attach copy of the tax bill or tax receipt): ST LOUIS GROVES LT 23 10.10AC						
Step 2: Describe the property	Address or location of property:					
	✗ 289749					
	Account number of property:		Tax receipt number:			
	S5800.00.000.0023.00 ✗		OR 28300766			
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	1/29 / 15	\$ 12,316.51	\$ 6,896.71
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 6,896.71
	Taxpayer's reason for refund (attach supporting documentation): NON-CLERICAL ERROR FOR 2014					
	YEAR SECTION 25.25(d). APPLY \$541.98 TO ACCT REFUND DIFF \$6,354.73 TO					
	TP. RF150321 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."					
	sign here XXXXXXXXXX Signature				Date of application for tax refund XXXXXXXXXX	
	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: 5-11-15 <i>J.C. 5-11-15</i>					
	sign here XXXXXXXXXX Authorized officer <i>[Signature]</i>				Date 5/11/15	
	sign here XXXXXXXXXX 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: Paul Kallala]</i>				Date 4/22/15 ✗ JE	

4/22

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 SALDANA ELI CURTIS & CHRISTINE YBARRA PD BY: CORELOGIC	
	Present mailing address (number and street) 501 W MINNESOTA RD	
	City, town or post office, state, ZIP code PHARR, TX 78577-8143	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TOWER LANDING PH 1 LOT 24**

Step 2: Describe the property	Address or location of property:	
	694540	
	Account number of property:	Tax receipt number:
	T6266.01.000.0024.00	OR 27521910

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	12/29 / 14	\$ 2,684.03	\$ 2,684.03
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,684.03
	Taxpayer's reason for refund (attach supporting documentation): GRANT HS/DVHS Q/YR 2014				
FILED LATE RF 150411					
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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 5-11-15 D.C.S.-B-15	
	Authorized officer sign here	Date 5/13/15
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) sign here	Date 5-5-15 JE	

5/6

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 IHOP 3462 PD BY: 1601 SOUTH CAGE LLC - IHOP 3462	
	Present mailing address (number and street) 1601 SOUTH CAGE BLVD SUITE B	
	City, town or post office, state, ZIP code PHARR, TX 78577	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES &**

Step 2: Describe the property	EQUIPMENT AT 1601 S CAGE BLVD NEW ACCT 2014	
	Address or location of property:	
	901385	
	Account number of property:	Tax receipt number:
	T7700.99.000.000A.00	OR 28662171

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	1/30 / 15	\$ 8,618.70	\$ 2,987.06
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,987.06
	Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE/FAILURE TO RECEIVE NOTICE. RF150411 APPLY TO ACCT#777302				
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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here	Date 5/11/15
	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) sign here	Date 5-5-15 JE

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-11-15**

5/6

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 SAENZ CONRADO & MARIA DEL CARMEN PD BY: CS REAL ESTATE INVESTMENTS LTD	
	Present mailing address (number and street) PO BOX 1914	
	City, town or post office, state, ZIP code MISSION, TX 78573-0032	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WEST ADDN TO SHARYLAND 8.75AC N 330'**

Step 2: Describe the property	E1230' LOT 29-7	
	Address or location of property:	
	317267	
	Account number of property: W0100.00.029.0007.14	Tax receipt number: OR 28664938

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	1/30 / 15	\$ 3,500.53	\$ 3,392.25
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,392.25
	Taxpayer's reason for refund (attach supporting documentation): GRANT AG USE				
RF150321					
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."	
	sign here  Signature	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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here 	Date 5/11/15
	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) sign here 	Date 4/22/15

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 5-11-15
A.C. 5-11-15

Fable
4/22

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 ARECHICA LUIS M & LAURA PD BY: SALON REAL DEL VALLE	
	Present mailing address (number and street) 404 S 15TH ST	
	City, town or post office, state, ZIP code MCALLEN, TX 78501-5104	Phone (area code and number) ■

Legal description (or attach copy of the tax bill or tax receipt): **WOODS M L #4 N 406' E 337' LOT 32 TR 4 3.14AC GR**

Step 2: Describe the property	2.56 AC NET	
	Address or location of property:	
	330831 d	
	Account number of property: W7700.04.000.0032.05 d	Tax receipt number: OR 28581617/28581456

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: **5-12-15**
J.C 5-12-15

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	1/30 / 15	\$ 11,172.37	\$
	2. ALL ENTITIES	2014	1/30 / 15	\$ 3,601.84	\$ 3,601.84
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,601.84 d

Taxpayer's reason for refund (attach supporting documentation): **CORRECTIONS DUE TO FAILURE TO**

SEND REQUIRED NOTICE SEC 41.411 RF150321

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 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.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	Authorized officer sign here ■	Date 5/11/15
	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) sign here ■	Date 4/22/15 JE

4/22