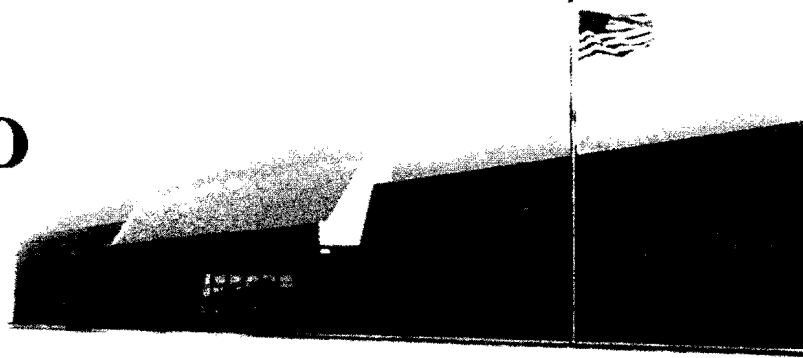


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

June 15, 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.

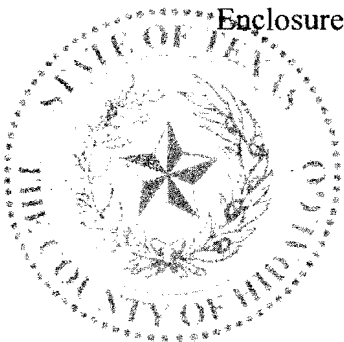
Respectfully,

Pablo (Paul) Villarreal Jr. ^{Jr.}

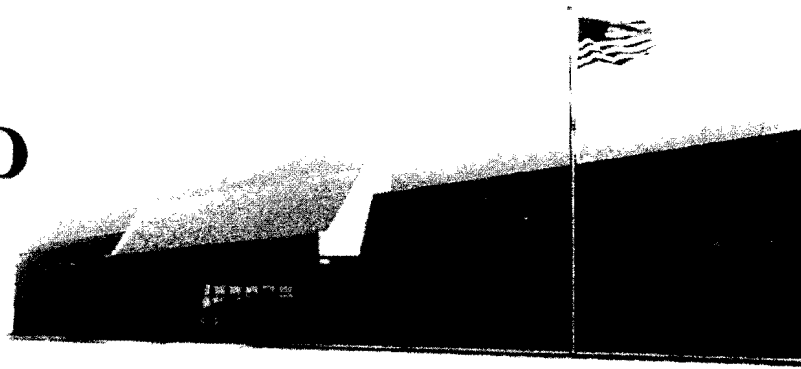
Pablo (Paul) Villarreal, Jr., PCC

sp

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. RTA



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Edinburg, Texas 78540-0178
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ACCOUNT NUMBER	PAYER	AMOUNT
A1800.99.038.0010.03	HELENA CHEMICAL COMPANY	\$20,920.20
E3300.00.248.0001.00	INTER NATIONAL BANK	\$5,463.03
T5200.00.002.0010.00	OCWEN LOAN SERVICING LLC	\$2,621.90
W3800.00.682.0000.24	JONES, GALLIGAN, KEY & LOZANO LLP	\$21,868.08
W7700.04.000.0030.00	K2 TOWERS LLC	\$2,510.03



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 HELENA CHEMICAL CORP PD BY: HELENA CHEMICAL COMPANY
	Present mailing address (number and street) 225 SCHILLING BLVD STE 300
	City, town or post office, state, ZIP code COLLIERVILLE, TN 38017-7177

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	MACHINERY & EQUIPMENT AT 107 N BORDER DONNA (SEPT 1ST)
	Address or location of property: 114306
	Account number of property: A1800.99.038.0010.03
	Tax receipt number: OR 28767470



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	\$ 106,159.89
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 20,920.20

Taxpayer's reason for refund (attach supporting documentation): **PER AMENDED REND INCORRECT APPRAISAL ERROR SECT 25.25(H) RF150516**

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 6-9-15 J. C. U-4-15
	sign here  Authorized officer	Date 6/11/15	
	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 6-1-15 JE	

6/2

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

Step 1: Owner's name and address	Owner's name GARCIA FELIPE & LUCRECIA (PAID BY: INTER NATIONAL BANK)
	Present mailing address (number and street) P.O. BOX 356
	City, town or post office, state, ZIP code HIDALGO, TX 78557
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EDINBURG ORIGINAL TOWNSITE LOTS 1-6**

Step 2: Describe the property	BLK 248
	Address or location of property: 164995
	Account number of property: E3300.00.248.0001.00
	Tax receipt number: OR 27037570

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	11/25 / 2014	\$ 5463.03	\$ 5463.03
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 5463.03
Taxpayer's reason for refund (attach supporting documentation): PAID IN ERROR ON ACCT#164995					
APPLY TO CORRECT ACCT#943726					
NR					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Authorized officer sign here		DATE: 6-10-15
	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 6/11/15 4/28/15 JE

5/6



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: 02/07/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE

DATE: 6-10-15
D.C. 6/10/15

OCWEN LOAN SERVICING LLC
1661 WORTHINGTON ROAD-SUITE 100
WEST PALM BEACH, FL 33409

Account Number T5200-00-002-0010-00 HCAD No. 303343
Legal Description of the Property TIERRA DEL VALLE LOT 10 UNIT 2 3905 W LOPEZ DR
OWNER: CASAS SIMON JR & MARIA LOUIS

2014 OVERAGE AMOUNT \$2,621.90

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 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 <i>Ocwen Loan Servicing</i>	Relationship to Property Owner
	Mailing Address <i>1661 Worthington Rd</i>	Daytime Telephone Number
	City, State, Zip Code <i>West Palm Beach FL 33409</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	<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	
	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	
	SIGN HERE <i>[Signature]</i>	Date of application <u>4/9/15</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: <i>[Signature]</i> Date: <u>6/11/15</u>
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>4/22/15</u> JE

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

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 DAHLIA RODRIGUEZ PAID BY: JAVIER TREVINO BENITEZ C/O JONES, GALLIGAN, KEY & LOZANO LLP
	Present mailing address (number and street) 7536 N FM 88
	City, town or post office, state, ZIP code WESLACO, TX 78599-4263
	Phone (area code and number) 956-778-9081

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT W165' S107.5' N767.5' FT 682 .41AC GR**

Step 2: Describe the property	.34AC NET	
	Address or location of property:	
	326642	
	Account number of property: W3800.00.682.0000.24	Tax receipt number: OR 28016964

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. REDEMPTION TAX SALE	2014	1/20 / 15	\$ 21,868.08	\$ 21,868.08
	2. PAYMENT		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 21,868.08
Taxpayer's reason for refund (attach supporting documentation): REDEMPTION TAX SALE PAYMENT					
REFUND TO DAHLIA RODRIGUEZ REFUND \$20,625.00 TO DAHLIA RODRIGUEZ					
MM DIFF. \$1,243.08 TO JONES, GALLIGAN, KEY & LOZANO LLP					

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 <i>Dahlia Rodriguez</i>	Date of application for tax refund 3-18-15
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 sign here <i>[Signature]</i>		Date 6/11/15	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.1 tax code) sign here <i>[Signature]</i>		Date 3/20/15	JE

4/1 6/2



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: 01/21/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 6-9-15

J.C.U.-415

K2 TOWERS LLC
 86 WEST ST
 CHAGRIN FALLS, OH 44022-2759

Account Number W7700-04-000-0030-00 ^λ HCAD No. 330827 ^λ
Legal Description of the Property WOODS, M L #4 LOT 30-TR. 4-10.AC OR 8.93AC NET ALBERTA OWNER: K2 TOWERS LLC ^λ

2014 OVERAGE AMOUNT \$2,510.03 ^λ

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 <u>K2 TOWERS LLC</u>	Relationship to Property Owner <u>owner</u>
	Mailing Address <u>86 West Street</u>	Daytime Telephone Number <u>440-528-0176</u>
	City, State, Zip Code <u>Chagrin Falls, OH 44022</u>	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>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 <u>paid 2 accounts on 1 check + misapplied</u>	
	<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>5385.05</u>
	Total tax, penalty, and interest amount owed for the year	<u>2875.02</u>
	Amount of refund claimed	<u>2510.03</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account <u>00089-90-800</u> For tax year <u>2014</u>	
	<input type="checkbox"/> Escrow for next year's taxes <u>0005-00 (802059)</u>	
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><i>Janet Masep</i></u>	Date of application <u>4-24-15</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><i>[Signature]</i></u> Date: <u>6/11/15</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u><i>[Signature]</i></u> Date: <u>5-11-15</u>	

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

5/15