

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

March 9, 2016

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,

 JE
3-9-16
Pablo (Paul) Villarreal, Jr., PCC

jn

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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ACCOUNT NUMBER	PAYER	AMOUNT
L3190.00.001.0009.00	CITIMORTGAGE	\$7,309.04
M2240.99.000.0001.85	SOLARA HOSPITAL HARLINGEN	\$4,830.28
M4011.04.000.0014.00	MID VALLEY INDUSTRIAL PARK LLC	\$2,500.82
S2950.00.000.0458.11	LONE STAR NATIONAL BANK	\$2,543.22



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

LN# 0005957431

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-SSI-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 VILLARREAL JOSE I & MARIA G (PAID BY CITIMORTGAGE)
	Present mailing address (number and street) PO BOX 846
	City, town or post office, state, ZIP code SULLIVAN CITY, TX 78595

Legal description (or attach copy of the tax bill or tax receipt): **LAS CUEVAS LOTS 9-11 BLK 1**

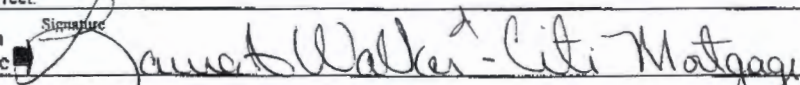
Step 2: Describe the property	216220 d	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Address or location of property: 502 Cypress St	DATE: 3-4-16
	SULLIVAN CITY	3/7/14
	Account number of property: L3190.00.001.0009.00 d	OR 29533861

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	08-25 / 2015	\$ 7309.04	\$ 7309.04
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 7309.04 d

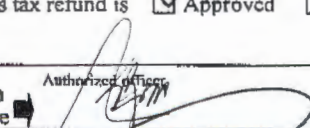
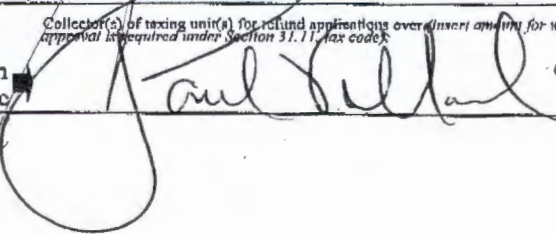
Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR BY CITIMORTGAGE. REFUND TO CITIMORTGAGE, INC. TAX DEPT, PO BOX 23689 ROCHESTER, NY**

14692 Attn: Laura Walker (phone 585-321-6762, fax 817-826-1190)

JN

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	sign here 	Date of application for tax refund 12/2/15

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	
	sign here 	Date 3/8/16
	sign here 	Date 12/29/15

1-5-16



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 11/23/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3/4/16

J. 4/3/16

SOLARA HOSPITAL MCALLEN
2200 ROSS AVE STE 3060
DALLAS, TX 75201-7984

Account Number M2240-99-000-0001-85 *
HCAD No. 766411 &
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 301 W EXPWY 83 8TH FLOOR (AT MCALLEN MEDICAL)/NEW ACCT 2006
301 W EXPWY 83 78503 OWNER: SOLARA HOSPITAL MCALLEN *

2015 OVERAGE AMOUNT \$4,830.28 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

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>Same</u>	Relationship to Property Owner <u>Same</u>
	Mailing Address <u>2200 Ross Ave, Ste 5400</u>	Daytime Telephone Number <u>469-621-6765</u>
	City, State, Zip Code <u>Dallas, TX 75201</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>2015</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>18,039.61</u>
	Total tax, penalty, and interest amount owed for the year	<u>13,209.33</u>
	Amount of refund claimed	<u>4,830.28</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>Christina Paula For Solara Hospital McAllen</u>	Date of application <u>Dec 22, 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 type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Hill</u> Date: <u>1-15-16</u> *
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>JPM</u> Date: <u>3/8/16</u> *

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

2-2-16

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 MID VALLEY INDUSTRIAL/ROBERTO A GONZALEZ PD BY: MID VALLEY INDUSTRIAL PARK LL
	Present mailing address (number and street) 415 S AIRPORT DR STE A
	City, town or post office, state, ZIP code WESLACO, TX 78596-5396
	Phone (area code and number) 956 973-2900

Legal description (or attach copy of the tax bill or tax receipt): **MID VALLEY INDUSTRIAL PARK 4 LOT 14**

Step 2: Describe the property	Address or location of property: 699429
	Account number of property: M4011.04.000.0014.00
	Tax receipt number: 22158027/24797988/27789628

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	12/28 / 12	\$ 829.01	\$ 829.01
	2. ALL ENTITIES	2013	12/30 / 13	\$ 832.07	\$ 832.07
	3. ALL ENTITIES	2014	12/30 / 14	\$ 839.74	\$ 839.74
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,500.82

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. PAYMENT SHOULD BE APPLIED TO ACCT#M4011.04.000.0015.00 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: <i>John Fackey</i> & Date of application for tax refund: 12/17/2015
	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.

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: 3/4/16 J.C. 3/4/16
sign here	Authorized officer: <i>[Signature]</i> Date: 3/8/16	
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): <i>[Signature]</i> & Date: 12/28/15	

1-5-16



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 11/30/2015

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3/13/16
 J. C. 3/14/16

LONE STAR NATIONAL BANK
 LOAN ESCROW PAYMENT ACCOUNT
 520 E NOLANA AVE
 MCALLEN, TX 78504

Account Number S2950-00-000-0458-11 *
HCAD No. 282600 *
Legal Description of the Property JOHN H SHARY LOT 458 S 130' OF N 870' OF W 355.59' OF E 12.285 AC OF W 22.285 AC (1.068 AC NET)
LAS PALMAS * OWNER: GARCIA DANIEL J *

2015 OVERAGE AMOUNT \$2,543.22 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 1104400000193

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>Lone Star National Bank</i>	Relationship to Property Owner
	Mailing Address <i>612 W Nolana, Suite 100</i>	Daytime Telephone Number <i>956-661-4886</i>
City, State, Zip Code <i>McAllen, TX 78504</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>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<i>13,228.98</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>2,543.22</i>
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>Paul Villarreal</i> *	Date of application <i>12-23-15</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>3/8/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>2/10/16</i>

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

2-5-16