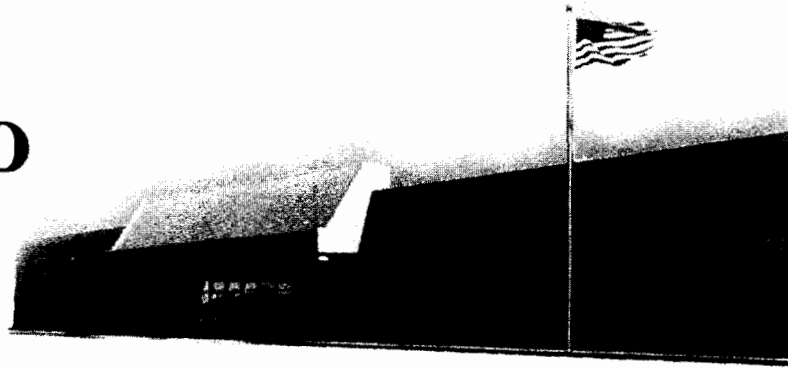


Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. R7A



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

April 6, 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,

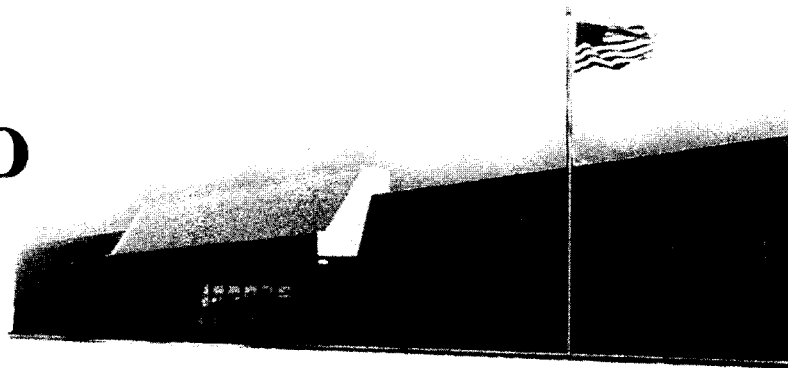
Pablo (Paul) Villarreal, Jr., PCC

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Enclosure

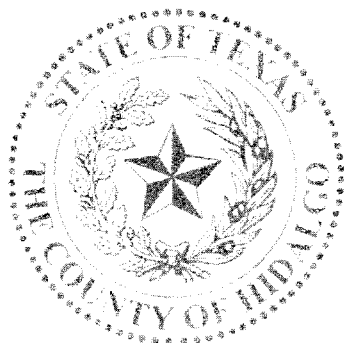


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ACCOUNT NUMBER	PAYER	AMOUNT
A1700.02.000.0131.00	Lereta LLC	\$2,577.88
T2600.00.000.0003.16	Pelon LLC	\$3,516.80



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 GONZALEZ JOZELL M & VANESSA V PAID BY: LERETA LLC
	Present mailing address (number and street) 1817 DOLORES DEL RIO AVE
	City, town or post office, state, ZIP code MISSION, TX 78572

Phone (area code and number)
888-534-5283 EXT 1418

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): ALA BLANCA NORTE #2 LOT 131
	Address or location of property: 1815 DOLORES DEL RIO AVE
	Account number of property: A1700.02.000.0131.00 / 109880 OR 27257183, 27257182

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **8/28/15**

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	12-12	/ 2014	\$ 2577.88
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2577.88

Taxpayer's reason for refund (attach supporting documentation): **PD.IN ERROR. LERETA DOES NOT SERVICE THIS ACCT. PLEASE APPLY TO ACCT#A1700.02.000.0132.00 / 109881**

Account paid - Refund to Lereta

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."	
	Signature <i>[Signature]</i>	Date of application for tax refund 8/28/15

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	
	Authorized officer <i>[Signature]</i>	Date 4/6/16
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.17, tax code) <i>[Signature]</i>	Date 1-15-16

1-28-16 4-4-16



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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/01/2016

RECEIVED FEB 29 2016

PELON LLC
 4824 SOUTH JACKSON RD
 EDINBURG, TX 78539

**AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE**

DATE: 4-5-16
J. C. 4/5/16

Account Number T2600-00-000-0003-16 <i>d</i> HCAD No. 300358 <i>d</i>
Legal Description of the Property TEXAS PRODUCE CO 1.08 AC IRR TR S258.43'-E204.96' LOT 3 LYING S OF EXPWY 83 S/E EXPWY 83 OWNER: PELON LLC <i>d</i>
2015 OVERAGE AMOUNT \$3,516.80

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 27: CITY OF PALMVIEW, 49: LA JOYA 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. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Pelon LLC</u>	Relationship to Property Owner
	Mailing Address <u>4824 S Jackson Rd</u>	Daytime Telephone Number
	City, State, Zip Code <u>Edinburg Tx 78539</u>	Email Address:
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 only if refund is over \$500.00	Total amount paid by this taxpayer	<u>\$9,657.87</u>
	Total tax, penalty, and interest amount owed for the year	<u><6141.07></u>
	Amount of refund claimed	<u>\$ 3,516.80</u>
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	<u>4824 S. Jackson Rd Edinburg 78539</u>
	<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>3/1/2016</u>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/6/16</u>
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/8/16</u>

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

3-9-16 4-4-16