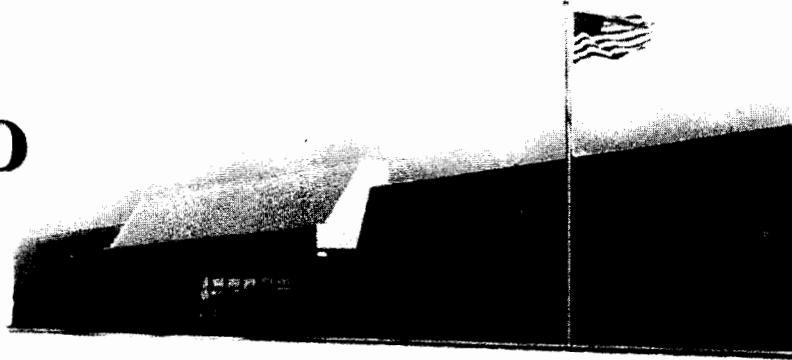


Office of Tax Assessor - Collector
COUNTY of HIDALGO

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 7, 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.

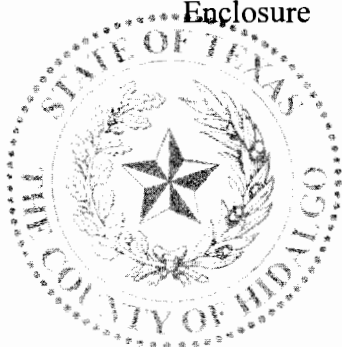
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr. PCC
Pablo (Paul) Villarreal, Jr., PCC

sp

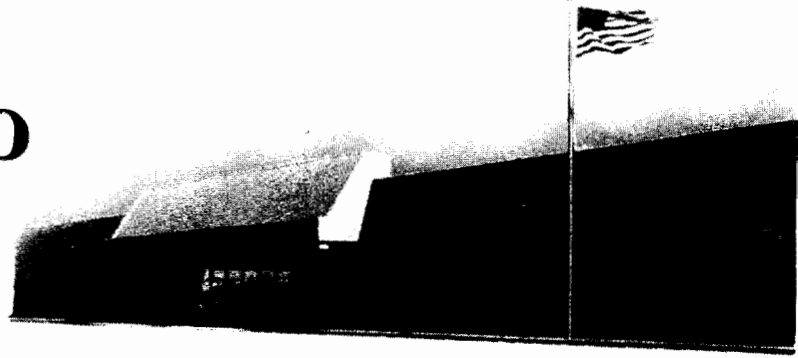
Enclosure



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
P0019.00.000.0004.00	MORTGAGE SERVICES	\$3,420.59
S6250.00.000.0042.10	CANALES FIVE FARM ACCOUNT	\$2,822.46
W3800.99.120.0001.02	PROVINCE, INC	\$5,219.41



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

11/1205082315

APPLICATION FOR TAX REFUND

RECEIVED
APR 21 2016

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	Hidalgo County Tax Office Collections Department 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: **ALVISO ANTONIO JR & MARIBEL PAID BY: MORTGAGE SERVICES**

Present mailing address (number and street): **1521 N ARMAGOZA DR**

City, town or post office, state, ZIP code: **EDINBURG, TX 78541-8941**

Phone (area code and number): **515-398-6688 (Jenn) 515-398-6200 (shelby)**

Step 2: Describe the property

Legal description (or attach copy of the tax bill or tax receipt): **PAISANO POINT LOT 4**

Address or location of property: **3206 W Roadrunner Dr, Edinburg, TX 78541**

Account number of property: **634269** Tax receipt number: **P0019.00.000.0004.00** OR **29854124**

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	2015	11/13	\$ 3,420.59	\$ 3,420.59
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 3,420.59

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. REFUND BACK TO MORTGAGE SERVICES. CORRECT ACCOUNT #634269 ALREADY PAID.**

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: *Jenise Rodriguez* & Date of application for tax refund: **04/18/2016**

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: **6/13/16**

Authorized officer: *[Signature]* Date: **6/6/16**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.11, tax code): *[Signature]* Date: **4/27/16**



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: 02/17/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/13/16

J. C. C/3/14

CANALES FIVE FARM ACCOUNT
1816 DIABLO CT
PLANO, TX 75074

Account Number S6250-00-000-0042-10 + HCAD No. 567285 +
Legal Description of the Property STEWARTS ADDITION TO THE CONWAY GARDENS E500'-S660' LOT 42 7.58AC GR 6.91AC NET S STEWART OWNER: CANALES ARMANDO B & EDMUNDO C +

2015 OVERAGE AMOUNT \$2,822.46 +

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 43: PHARR, SAN JUAN, ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

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 <i>Duane R. Canales</i>	Relationship to Property Owner <i>PART-OWNER - POA</i>
	Mailing Address <i>1816 Diablo Ct.</i>	Daytime Telephone Number <i>469-766-5069</i>
	City, State, Zip Code <i>PLANO, TX 75074</i>	Email Address: <i>DCANALES@JCPENNEY.COM</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 only if refund is over \$500.00	Total amount paid by this taxpayer	<i>4667.44</i>
	Total tax, penalty, and interest amount owed for the year	<i>1844.98</i>
	Amount of refund claimed	<i>2822.46</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>Duane R. Canales</i>	Date of application <i>4-9-16</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>6/6/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>4/27/16</i> +

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



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

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

Print Date: 03/31/2016

RECEIVED
 APR 21 2016
 Hidalgo County Tax Office
 Collections Department

MAIL
 APR 21 2016
 Hidalgo County Tax Office
 Received

Province, Inc
~~RSFL LIQUIDATING TRUST~~
 ATTN: BILL RUSSUM
 300 RADIO SHACK CIRCLE
 FORT WORTH, TX 76102

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 6/2/16
 P.C. 6/2/16

Account Number
 W3800-99-120-0001-02 ~~F~~
 HCAD No. 622777 ~~F~~
 Legal Description of the Property
 INVENTORY SUPPLIES FURNITURE FIXTURES &
 EQUIPMENT AT 1025 N TEXAS UNIT 5 /NEW
 ACCT 2001
 1025 N TEXAS STE-5 78596
 OWNER: RADIO SHACK #8064 ~~F~~
 2015 OVERAGE AMOUNT \$5,219.41 ~~F~~

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO 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	Same as above		Relationship to Property Owner
	Mailing Address			Daytime Telephone Number
	City, State, Zip Code			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 type="checkbox"/>	Overpaid the account		
	<input checked="" type="checkbox"/>	Duplicate payment <u>Included in check #4201 in Jan. Paid again with #4270 and #4283.</u>		
	<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	\$10,438.82		
	Total tax, penalty, and interest amount owed for the year	-		
	Amount of refund claimed	\$5,219.41		
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			Date of application 4/18/16 F
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10			
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 6/6/16
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 4/27/16 F CAR

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