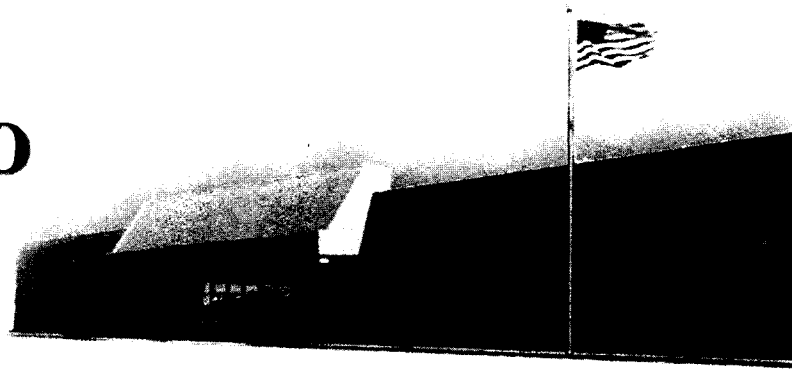


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



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

June 21, 2016

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

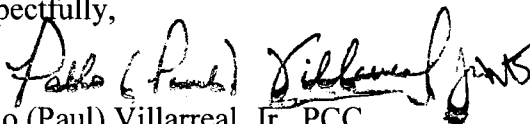
Re: See attached list

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.

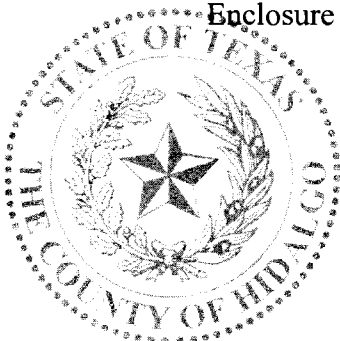
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

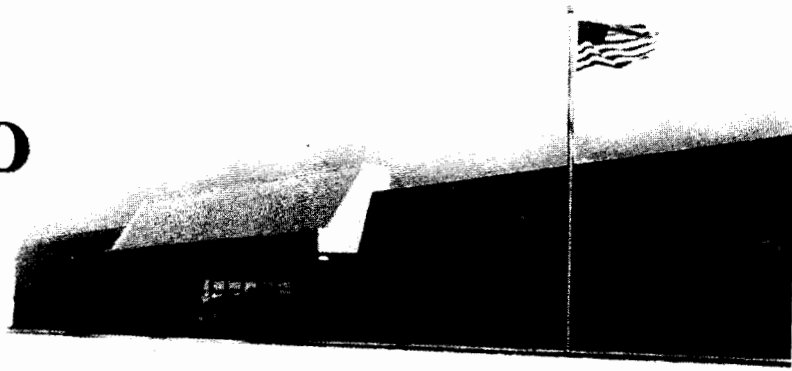
sp

Enclosure



Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*

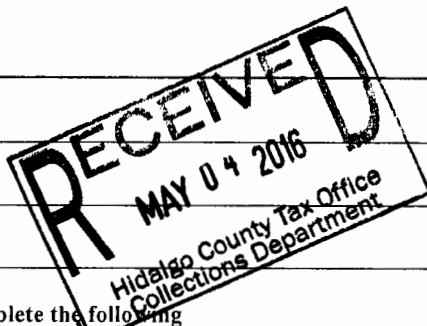


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ACCOUNT NUMBER	PAYER	AMOUNT
B2644.00.000.0002.00	K. E. ANDREWS & CO	\$19,840.72
L3190.00.005.0006.00	MCALLEN LEVCAL LLC	\$25,000.00
M1950.99.000.0005.77	ACCOUNT SERVICES PROCESSING CENTER	\$2,773.19
P5672.00.000.0064.00	1511 CORELOGIC TAX SERVICES LLC	\$5,989.72
P5672.00.000.0097.00	FUNK ROBERT N & KERRI S	\$5,116.85
R3000.99.030.0011.00	WONDERFUL CITRUS PACKING LLC	\$8,256.62
R3100.99.001.0001.00	WONDERFUL CITRUS PACKING LLC	\$7,337.39
W3800.99.040.0000.54	GOWAN USA LLC	\$33,903.15



# APPLICATION FOR TAX REFUND



Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	

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

Step 1: Owner's name and address <i>owner info -&gt; correct JE</i>	Owner's name <b>VALLEY BELL ENTERPRISES LLC (PAID BY (K.E. ANDREWS &amp; CO))</b>
	Present mailing address (number and street) <b>101 E CHEROKEE ST. 1900 Dalrock Road</b> <i>payer info -&gt; JE</i>
	City, town or post office, state, ZIP code <b>JACKSONVILLE, TX 75766 Rowlett TX 75088</b>

Phone (area code and number)  
**469/295-1594**

Legal description (or attach copy of the tax bill or tax receipt):

Step 2: Describe the property	BERMEA LOT 2	
	Address or location of property: 1006 N TEXAS	
	20828538 *	
	Account number of property: B2644.00.000.0002.00 *	Tax receipt number: OR 31706638

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	01/29	/ 2016	\$ 19,840.72
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 19,840.72 *

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR CUSTOMER CLAIMS THAT PROPERTY TAXES SHOULD BE PAID BY SOUTHERN MULTIFOODS**

SP

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 <b>4/30/16 *</b>

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: <i>[Signature]</i> 6/17/16
	Authorized officer <i>[Signature]</i>	Date <b>6/17/16</b>	
	Collector(s) of taxing unit(s) for refund applications over <i>[Signature]</i> insert amount for which governing body approval is required under Section 31.11, tax code)	<i>[Signature]</i>	Date <b>5/17/16 *</b>

5/18



PABLO (PAUL) VILLARREAL JR., PCC

Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTX.ORG

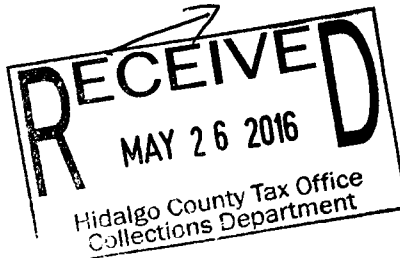
Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 02/03/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 6/16/16 [Signature]



MCALLEN LEVCAL LLC
1001 WEST LOOP SOUTH STE 600
HOUSTON, TX 77027

Account Number: L3190-00-005-0006-00
HCAD No. 216282
Legal Description of the Property: LAS CUEVAS LOT 6 BLK 5
OLMO ST
OWNER: MEZA ROSA & MARIA M

2015 OVERAGE AMOUNT \$25,000.00

1: HIDALGO COUNTY, 39: CITY OF SULLIVAN, 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.

Step 1: Identify the Payer... Name: MCALLEN LEVCAL LLC... Relationship: PROPERTY OWNER
Step 2: Refunds are only issued to party that paid taxes... I paid the taxes for year MCALLEN LEVCAL, LLC and am the party entitled to the refund. TAX YEAR 2015
Step 3: Mark the reason for the refund... Overpaid the account 25,000.00
Step 4: Provide payment information... Total amount paid by this taxpayer: 1,063,246.57
Step 5: How should the refund be processed? [X] Mail to Property Owner
Step 6: Sign the application form... SIGN HERE: Janice Bronkowsky, Accounts Mgr. Date of application: 05/23/16
AUDITORS USE ONLY: [X] Approved
TAX OFFICE USE ONLY: [X] Approved

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



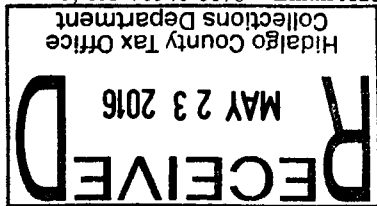
**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**

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: 01/26/2016



ACCOUNT SERVICES PROCESSING CENTER *d*  
 625 1ST STREET S.E. SUITE 800  
 CEDAR RAPIDS, IA 52401

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: *6-15-16*

<b>Account Number</b> M1950-99-000-0005-77 <i>d</i> HCAD No. 567417 <i>d</i>
<b>Legal Description of the Property</b> LEASED EQUIPMENT AT SML & CML/NEW ACCT 1997  VAR LOC @ SML & CML
OWNER: GREAT AMERICA FINANCIAL SERVICES CORP <i>d</i>

2015 OVERAGE AMOUNT \$2,773.19 *d*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: 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. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>Great America Financial</i>	Relationship to Property Owner <i>owner</i>
	Mailing Address <i>625 1st St Ste 800</i>	Daytime Telephone Number <i>319 261 4409</i>
	City, State, Zip Code <i>Cedar Rapids IA 52401</i>	Email Address: <i>agriff@greatamerica.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 <i>2015</i> 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 <i>acct adjusted after initial tax bill issued</i>	
	<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>30894.06</i>
	Total tax, penalty, and interest amount owed for the year	<i>2967.32</i>
	Amount of refund claimed	<i>2773.19</i>
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 checked="" type="checkbox"/> Transfer this amount to account <i>M19509900000577</i> for tax year <i>2015</i>	<i>567417</i>
	<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>Manda [Signature]</i>	Date of application <i>5-17-16</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>6/17/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/25/16</i> <i>CB</i>

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

*5/26/16*



**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: 01/12/2016

022016022

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
**DATE: 6/15/16**  
*P.C. Villarreal*

**1511 CORELOGIC TAX SERVICES LLC**  
**SERVICED BY CORELOGIC TAX SERVICES LLC**  
**1 CORELOGIC DRIVE**  
**WESTLAKE, TX 76262**

Account Number P5672-00-000-0064-00 HCAD No. 725636
Legal Description of the Property PEPPER RIDGE LOT 64 1316 POBLANO LN OWNER: SALVIA MARILYN ELIZABETH

**2015 OVERAGE AMOUNT \$5,989.72**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 6074604190

**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 <b>CORELOGIC</b> <b>P. O. BOX 961250</b>	Relationship to Property Owner <i>Servicing Agent</i>
	Mailing Address: <b>FT. WORTH, TX 75161</b>	Daytime Telephone Number <i>817-699-2601</i>
	City, State, Zip <b>(817-699-2601)</b>	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	<i>\$6,475.72</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$5,989.72</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>Irma Sifuentes</i>	Date of application <i>04-26-00</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>6/17/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/17/16</i>

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

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

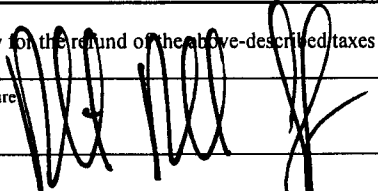
**To apply for a tax refund, the taxpayer must complete the following**

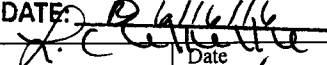
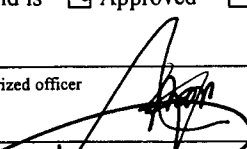
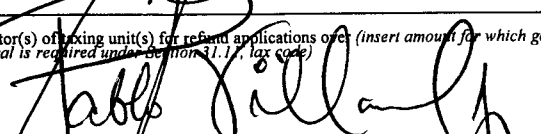
<b>Step 1:</b> Owner's name and address	Owner's name <b>FUNK ROBERT N &amp; KERRI S</b> †
	Present mailing address (number and street) <b>320 S CENTER ST</b> †
	City, town or post office, state, ZIP code <b>FALFURRIAS, TX 78355</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt):

<b>Step 2:</b> Describe the property	<b>PEPPER RIDGE LOT 97</b>
	Address or location of property: <b>1315 HABANERO LN</b>
	<b>725669</b> †
	Account number of property: <b>P5672.00.000.0097.00</b> †
	Tax receipt number: <b>30049700</b>

<b>Step 3:</b> 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	11/30 / 2015	\$ 5,116.85	\$ 5,116.85
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 5,116.85 †
Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR SEND MONIES TO</b>					
<b>TAXPAYER</b>					
<b>SP</b>					

<b>Step 4:</b> 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  †	Date of application for tax refund <b>05/25/2016</b> †
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.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>6/16/16</b> 
	Authorized officer 	Date <b>6/17/16</b>	
	Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.17, tax code  †	Date <b>5-26-16</b> †	

5/26/16



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

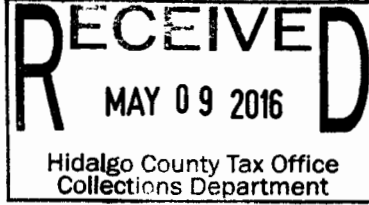
Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 02/06/2016

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 05/15/16

*J.C. Williams*



Account Number R3000-99-030-0011-00 <i>✗</i> HCAD No. 962462 <i>✗</i>
Legal Description of the Property SUPPLIES FURNITURE FIXTURES MACHINERY & EQUIPMENT AT 6715 W MONTE CRISTO/ NEW ACCT 2015  6715 W MONTE CRISTO 78541 <i>✗</i> OWNER: PARAMOUNT CITRUS PACKING CO LLC

WONDERFUL CITRUS PACKING LLC *✗*  
 5001 CALIFORNIA AVE STE 230  
 BAKERSFIELD, CA 93309

2015 OVERAGE AMOUNT **\$8,256.62** *✗*  
 1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>661-720-2446</u>
	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 _____ 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 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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
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 <i>[Signature]</i>	Date of application <u>5-4-16</u> <i>✗</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: <u>6/17/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>5/17/16</u> <i>✗</i> <b>CR</b>

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



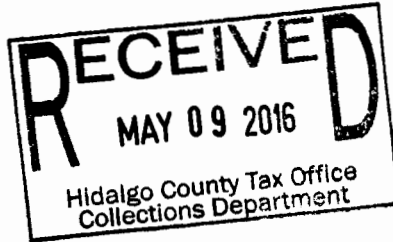
**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 02/06/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: 6/15/16

*[Handwritten signature]*



WONDERFUL CITRUS PACKING LLC ✕  
 5001 CALIFORNIA AVE STE 230  
 BAKERSFIELD, CA 93309

Account Number R3100-99-001-0001-00 ✕ HCAD No. 961701 ✕
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 6336 W MONTE CRISTO/ NEW ACCT 2015  6336 W MONTE CRISTO 78541  OWNER: PARAMOUNT CITRUS II LLC ✕

2015 OVERAGE AMOUNT \$7,337.39 ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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		Relationship to Property Owner
	Mailing Address		Daytime Telephone Number 661 720-2446
	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 _____ 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 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		
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed		
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	<i>[Signature]</i>	Date of application 5-4-16 ✕
	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: 6/17/16
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 5/17/16 ✕

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@HIDALGOCOUNTYTX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 03/17/2016



GOWAN USA LLC PO BOX 5569 YUMA, AZ 85366

Account Number W3800-99-040-0000-54 ↑
HCAD No. 591492 ↑
Legal Description of the Property INVENTORY AT 818 EAST EXPRESSWAY 83 (FIDELITY WAREHOUSE) /NEW ACCT 1999
818 E EXPWY 83 (S SIDE) 78596
OWNER: GOWAN ↑

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 06-15-16

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... 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...

Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Telephone Number: (928) 819-1541
	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 _____ 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 type="checkbox"/>	Duplicate payment
	<input type="checkbox"/>	Paid in error (explain)
Step 4: Provide payment information	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
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
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	
	HERE [Signature]	Date: 5/16/16
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: [Signature] Date: 6/17/16
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: [Signature] Date: 5/25/16

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