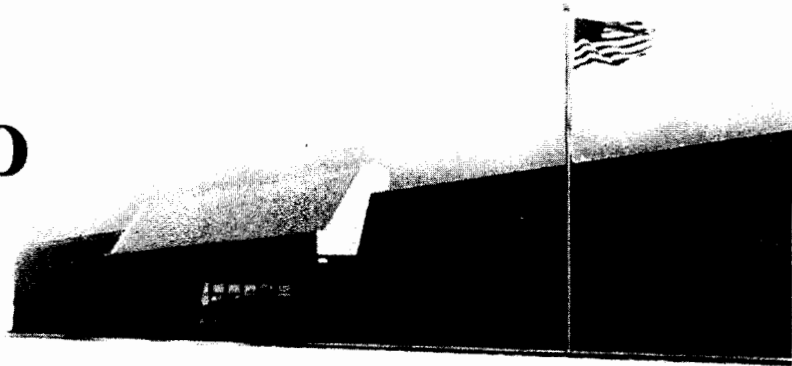


Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. R7A



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

July 21, 2016

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

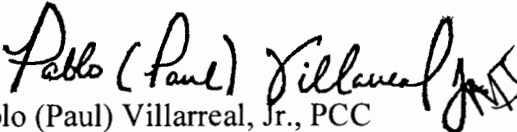
Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). 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 recommended by the County Auditor.

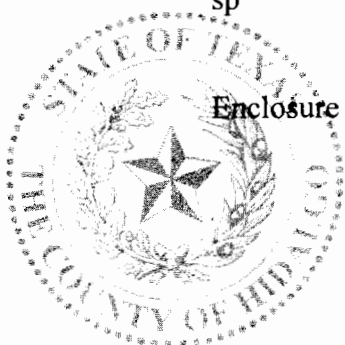
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

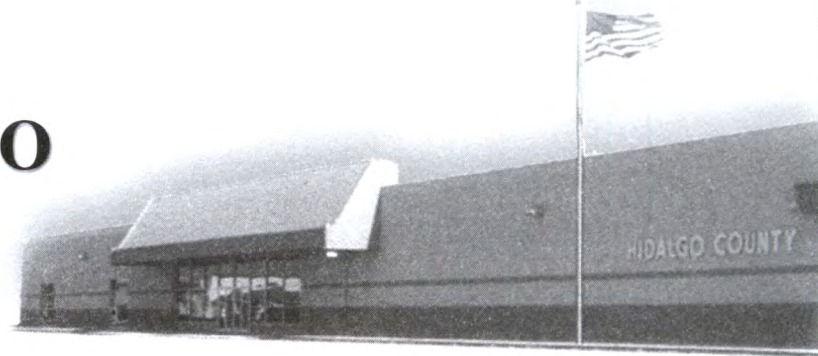

Pablo (Paul) Villarreal, Jr., PCC

sp

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. RTA
Assessor and Collector

P.O. Box 178
Edinburg, Texas 78540-0178
(956) 318-2157 • (956) 318-2733

| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|-----------------------------|------------|
| E3300.99.275.0021.02 | INTERNATIONAL PAPER | \$7,923.73 |
| K3353.99.000.0010.00 | AGROEXPORT LLC | \$3,192.87 |
| M5840.01.000.0055.00 | CORELOGIC | \$4,128.65 |
| P6400.99.000.0004.83 | GE CAPITAL INFORMATION TECH | \$3,309.75 |
| S1000.00.011.0001.00 | SAN JACINTO TITLE SERVICES | \$3,782.27 |
| T2100.99.241.0012.02 | EXQUISITA DISTRIBUTORS LP | \$3,210.42 |
| T2200.00.012.0010.00 | FGMS HOLDINGS LLC | \$2,689.59 |
| V0123.02.000.0058.00 | CORELOGIC | \$2,607.40 |



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 INTERNATIONAL PAPER CO (PAID BY:INTERNATIONAL PAPER) |
| | Present mailing address (number and street) P.O. BOX 2118 |
| | City, town or post office, state, ZIP code MEMPHIS, TN 38101 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY AT 150 NORTH CLOSER**


| | | |
|--|--|---|
| Step 2: Describe the property | (BUSINESS HIGHWAY 281)/ NEW ACCT 2010 | |
| | Address or location of property: | |
| | 20826948 * | |
| | Account number of property: E3300.99.275.0021.02 * | Tax receipt number: OR 31794599 |

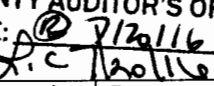
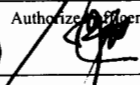
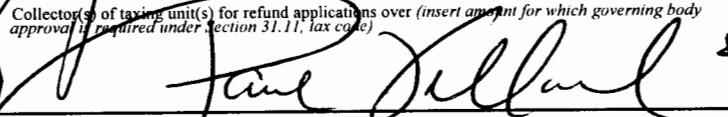
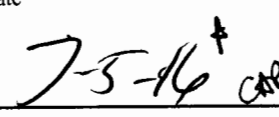
| Step 3: Give the tax payment information | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| | 1. ALL ENTITIES | 2015 | 01/29 / 2016 | \$ 8,462.75 | \$ 7,923.73 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 7,923.73 |

Taxpayer's reason for refund (attach supporting documentation): **SUPP#14**

SUBMITTED / ENTERED WRONG

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 DATE:  7/2/16 |
| | Authorized Officer sign here  | Date 7/2/16 | |
| | 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 7-5-16  | |

7-6-16

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 AGRO EXPORT (PAID BY:AGROEXPORT LLC) |
| | Present mailing address (number and street) 9800 KEYSTONE |
| | City, town or post office, state, ZIP code PHARR, TX 78577 |
| | 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 | EQUIPMENT AT 9800 S KEYSTONE DR /NEW ACCT 2009 | |
| | Address or location of property: | |
| | 776730 | |
| | Account number of property: K3353.99.000.0010.00 | Tax receipt number: OR 31634208 |

| 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 | \$ 44,824.41 | \$ 3,192.87 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 3,192.87 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP#14 | | | | | |
| SUBMITTED/ENTERED WRONG | | | | | |
| 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 office sign here | DATE: 7/20/16 7/29/16 |
| | 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 7-5-16 |

7-6-16

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 GARCIA ARTURO E (PAID BY: CORELOGIC) |
| | Present mailing address (number and street) 3408 LONNY LN |
| | City, town or post office, state, ZIP code EDINBURG, TX 78542 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **MONTE CRISTO GOLF & COUNTRY CLUB PH1**

| | |
|--|---|
| Step 2: Describe the property | LOT 55 |
| | Address or location of property: 674511 |
| | Account number of property: M5840.01.000.0055.00 |
| | Tax receipt number: OR 30295652 |

| 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 | 12/16 / 2015 | \$ 4,128.65 | \$ 4,128.65 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 4,128.65 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP#14 | | | | | |
| GRANT HS/OA/DVHS FILED LATE Q/Y 2015 | | | | | |
| 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 DATE: 7/20/16 <i>D.C. [Signature]</i> |
| | Authorized officer sign here | Date 7/20/16 | |
| | 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 | 75-16 | |

7-6-16

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 GE CAPITAL INFORMATION TECH |
| | Present mailing address (number and street) P.O. BOX 3649 |
| | City, town or post office, state, ZIP code DANBURY, CT 06813 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **LEASED EQUIPMENT AT SPA & CPR /NEW ACCT**

| | |
|--|---|
| Step 2: Describe the property | 2003 |
| | Address or location of property: 656915 |
| | Account number of property: P6400.99.000.0004.83 |
| | Tax receipt number: OR 24286486 |

| 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 | 2013 | 11/27 | / 2013 | \$ 12,435.17 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 3,309.75 |

Taxpayer's reason for refund (attach supporting documentation): **SUPP#29**

SUBMITTED/ENTERED WRONG SOME ASSETS REPORTED IN ERROR

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: 7/20/14 |
| | 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 | James Ballant | Date 7/21/14 |

7-6-16

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 CONFERENCIA INTERNACIONAL DE MINISTERIOS(PAID BY:SAN JACINTO TITLE SERVICES) |
| | Present mailing address (number and street) P.O. BOX 647 |
| | City, town or post office, state, ZIP code PASADENA, TX 77501 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SAN JUAN ORIGINAL TOWNSITE LOTS 1 & 2**

| | |
|--|---|
| Step 2: Describe the property | BLK 11 |
| | Address or location of property: 275865 |
| | Account number of property: S1000.00.011.0001.00 |
| | Tax receipt number: OR 32135525 |

| 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 | 2013 | 04/06 | / 2016 | \$ 3,782.27 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 3,782.27 |

Taxpayer's reason for refund (attach supporting documentation): **SUPP#29**

GRANT FULL EXEMPT REMOVE IN ERROR

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 DATE: 7/13/2016 <i>J.C. [Signature]</i> |
| | Authorized officer sign here | Date 7/21/16 |
| | 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 7-5-16 CAP |

7-6-16

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 EXQUISITA DISTRIBUTORS LP | Phone (area code and number) |
| | Present mailing address (number and street) P.O. BOX 1078 | |
| | City, town or post office, state, ZIP code EDINBURG, TX 78540 | |

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIES FURNITURE FIXTURES EQUIPMENT**

| | | |
|--|---|---|
| Step 2: Describe the property | VEHICLES & TRAILERS AT 700 WEST CHAPIN/NEW ACCT 2008 | |
| | Address or location of property: | |
| | 774050 | |
| | Account number of property: T2100.99.241.0012.02 | Tax receipt number: OR 30399987 |

| 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 | 12/22 / 2015 | \$ 8,177.80 | \$ 3,210.42 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 3,210.42 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP#14 | | | | | |
| CORRECTION OF NON-CLERICAL ERROR(SEC25.25D)10%LATE CORRECTION | | | | | |
| PENALTY/ NR (APPLY \$496.74 TO ACCT / REFUND DIFF OF \$2,713.68) | | | | | |

| | | |
|--|--|------------------------------------|
| 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 DATE: 7/14/16 <i>[Signature]</i> Date 7/20/16 <i>[Signature]</i> Date 7-2-16 |
| | Authorized officer 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) sign here | Paul Villand | |

7/14/16

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 BARRIENTOS MARTIN & NORMA (PAID BY: FGMS HOLDINGS LLC) |
| | Present mailing address (number and street) P.O. BOX 1245 |
| | City, town or post office, state, ZIP code PENITAS, TX 78576 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **TEXAN GARDENS LOT 10 BLK 12 11.13AC**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: |
| | 298889 |
| | Account number of property: Tax receipt number: |
| | T2200.00.012.0010.00 OR 31922609/32346764 |

| | | | | | |
|---|--|--|-------------------------------|----------------------------|--------------------------------------|
| 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 | 02/29 / 2016 | \$ 1,000.00 | \$ 2,689.59 |
| | 2. | 2015 | 06/07 / 2016 | \$ 3,459.44 | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 2,689.59 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP# 14 | | | | | |
| CLERICAL ERROR-REINSTATE AG | | | | | |
| 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 | DATE: 7/20/16 <i>[Signature]</i> 7/20/16 |
| | Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.14, tax code sign here | Date | 7-5-16 <i>[Signature]</i> |

7-6-16

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 PALACIOS IRMA T & DAVID (PAID BY: CORELOGIC) |
| | Present mailing address (number and street) 1310 PHEASANT DR |
| | City, town or post office, state, ZIP code SAN JUAN, TX 78589 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **VIP EAST II LOT 58**

| | |
|--|---|
| Step 2: Describe the property | Address or location of property: |
| | 715855 |
| | Account number of property: V0123.02.000.0058.00 |
| | Tax receipt number: OR 30295702 |

| 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 | 12/16 | / | 2015 | \$ 5,966.21 |
| 2. | | | / | | \$ | \$ |
| 3. | | | / | | \$ | \$ |
| 4. | | | / | | \$ | \$ |
| 5. TOTAL | | | / | | \$ | \$ 2,607.40 |

Taxpayer's reason for refund (attach supporting documentation): **SUPP#14**

WRONG MEASUREMENTS OR DIMS PER PHYSICAL INSPECTION/BLUEPRINTS

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 7/20/14 | DATE: 7/20/14 |
| | 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 7-5-16 | 7-5-16 |

7-6-17