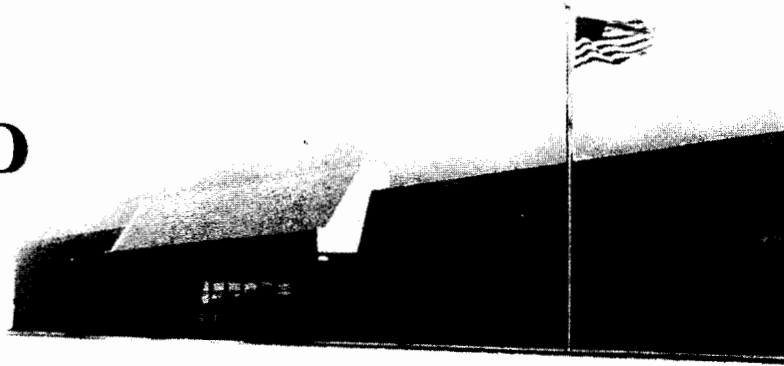


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



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

September 22, 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.

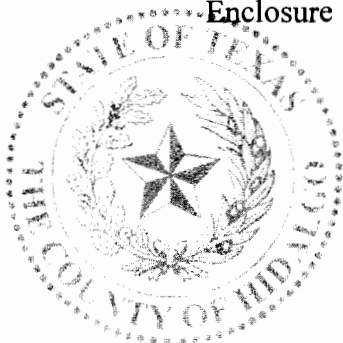
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,  
*Pablo (Paul) Villarreal Jr.*

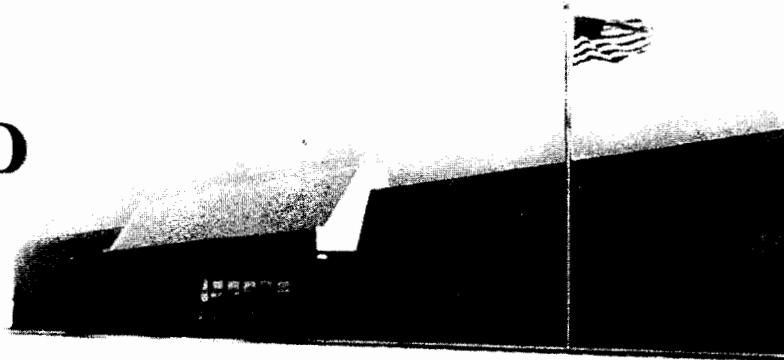
Pablo (Paul) Villarreal, Jr., PCC

sp

Enclosure



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](http://www.hidalgocountytax.org)

ACCOUNT NUMBER	PAYER	AMOUNT
B1845.00.000.0025.00	BB&T MORTGAGE	\$7,617.50
C0830.00.000.0006.00	CORELOGIC	\$6,980.88
L3074.01.000.0078.00	TMAR FREIGHT INTERNATIONAL LLC	\$4,794.38
L6682.00.002.0049.00	CORELOGIC	\$3,453.63
T3659.00.000.0007.00	CORELOGIC	\$2,897.93



# 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>WATSON BERNARD &amp; MARIA ELENA PAID BY: BB&amp;T MORTGAGE</b>
	Present mailing address (number and street) <b>4315 N HUTTO RD</b>
	City, town or post office, state, ZIP code <b>DONNA, TX 78537</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **BARRIO ANTIGUO LOT 25**

<b>Step 2:</b> Describe the property	Address or location of property: <b>407 Cottonwood Ave</b>
	<b>717292</b>
	Account number of property: <b>B1845.00.000.0025.00</b>
	Tax receipt number: <b>OR 30375299</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	12/21	/ 15	\$ 7617.50
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7617.50

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. REQUEST FOR REFUND BACK TO BB&T MORTGAGE. REFER TO M FERIA**

DG

<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 <b>Sharon L. Cabell</b>	Date of application for tax refund <b>08/05/2016</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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>9/19/16</b>
	Authorized officer <b>[Signature]</b>	Date <b>9/19/16</b>
	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) <b>Paul Tuller</b>	Date <b>9/16/16</b> CAP

9/7/16

**APPLICATION FOR TAX REFUND**

072218087

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: Owner's name and address</b>	Owner's name <b>CARDENAS MARIO R &amp; VALERIE (PDBY: CORELOGIC)</b>
	Present mailing address (number and street) <b>205 CAMPO VERDE CIR</b>
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **CAMPO VERDE LOT 6**

<b>Step 2: Describe the property</b>	Address or location of property: <b>205 CAMPO VERDE CIR</b>
	<b>685495</b>
	Account number of property: <b>C0830-00-000-0006-00</b>
	Tax receipt number: <b>OR 30894259</b>

<b>Step 3: Give the tax payment information</b>	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	12/30	/ 2015	\$ 6,980.88
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 6,980.88

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR CUSTOMER**

**REQUESTING MONEY BACK TO CORELOGIC**

**BR**

<b>Step 4: sign the form</b>	"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 <b>D Whitlock - CL Agency</b>	Date of application for tax refund <b>8-18-16</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.

<b>Step 5: Tax refund Determination</b>	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>9/19/16</b> <i>[Signature]</i>
	Authorized officer sign here <i>[Signature]</i>	
	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 <i>[Signature]</i>	Date <b>9/16/16</b>

9/7/16

# 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: Owner's name and address</b>	Owner's name <b>JUAREZ JOSE LUIS HERNANDEZ (PAID BY:TMAR FREIGHT INTERNATIONAL LLC)</b>
	Present mailing address (number and street) <b>800 W DICKER DR</b>
	City, town or post office, state, ZIP code <b>PHARR, TX 78577-9505</b>

Phone (area code and number)  
**956-438-3207**

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

**LAS ARBOLEDAS DE HIDALGO PH 1 LOT 78**

Address or location of property: **2515 E Q ST**

**705013**

Account number of property: **L3074.01.000.0078.00** OR **30370750**

Tax receipt number:

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	12/21	/ 2015	\$ 4,794.38
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 4,794.38

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR**

**SHOULD BE APPLIED TO ACCOUNT # 203249**

**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: *[Handwritten Signature]*

Date of application for tax refund: **9/13/16**

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.

**Step 5:  
Tax refund Determination**

This tax refund is  Approved  Disapproved

Authorized officer: *[Handwritten Signature]*

Date: **9/19/16**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.12, tax code): *[Handwritten Signature]*

Date: **9-7-16**

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

DATE: **9/13/16**

*[Handwritten Signature]*

9/7/16



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

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

062216086

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 06/01/2016

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**  
 DATE: 9/13/16

*P.C. Gutierrez*

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

<b>Account Number</b> L6682-00-002-0049-00 d HCAD No. 662217 k
<b>Legal Description of the Property</b> LUCERO ESTATES LOT 49 BLK 2  1000 SWANEE BEND RD X  OWNER: FERNANDEZ MARIO A & ROSA ELVIA

**2015 OVERAGE AMOUNT \$3,453.63**

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	CORELOGIC		Relationship to Property Owner
	Mailing	P. O. BOX 961250 FT. WORTH, TX 76161		Daytime Telephone Number
	City, State	817-699-2601		mail 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			
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed			
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		Date of application	
	SIGN HERE	<i>Ameliah Lewis</i>	8/15/16	
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: <u>9/9/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <u>9/6/16</u>

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

9/7/16

**APPLICATION FOR TAX REFUND**

062316 007

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: Owner's name and address</b>	Owner's name <b>PEREZ RICARDO &amp; JENNIFER T (PAID BY: CORELOGIC)</b>
	Present mailing address (number and street) <b>2313 DUKE AVE</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504</b>

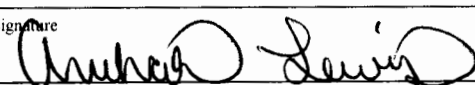
Legal description (or attach copy of the tax bill or tax receipt):

<b>Step 2: Describe the property</b>	<b>THE ROCKS LOT 7</b>
	Address or location of property: <b>2313 DUKE AVE</b>
	<b>580265</b>
	Account number of property: <b>T3659.00.000.0007.00</b> <sup>A</sup> OR Tax receipt number: <b>30295698</b> <sup>S</sup>

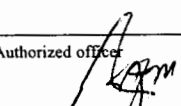
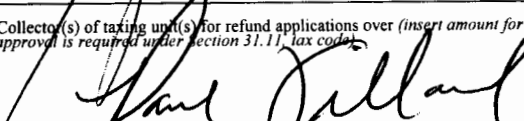
<b>Step 3: Give the tax payment information</b>	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2015	12/16	/ 2015	\$ 2,897.93
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 2,897.93

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR RETURN FUNDS**

**CORELOGIC**  
**BACK TO MORTGAGE.** P. O. BOX 961230  
**FT. WORTH TX 76161**  
**SP** 817-699-2601

<b>Step 4: sign the form</b>	"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 <b>8/17/16</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.

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date <b>9/19/16</b>
	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 <b>9/6/16</b>

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: **09/15/16** J. Callicott

9/7/16