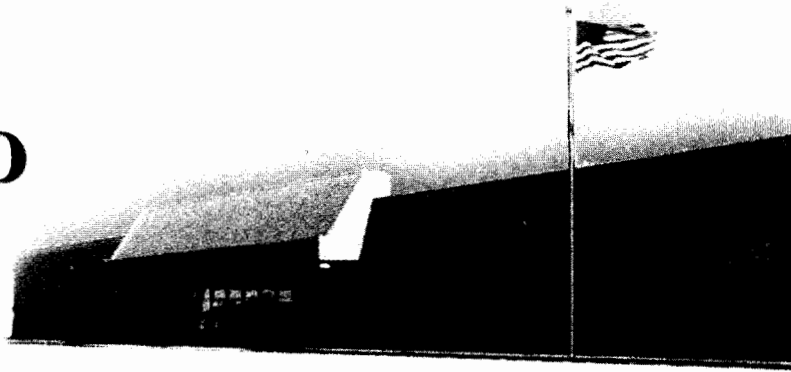


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**  
*Pablo "Paul" Villarreal, Jr. RTA*



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

January 24, 2017

The Honorable Ramon Garcia  
Hidalgo County Commissioner  
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.

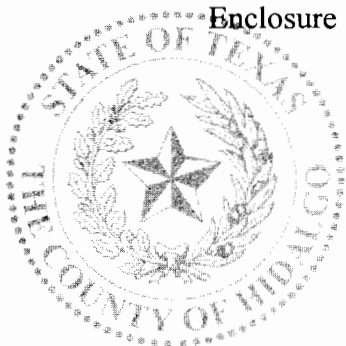
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., PCC

br

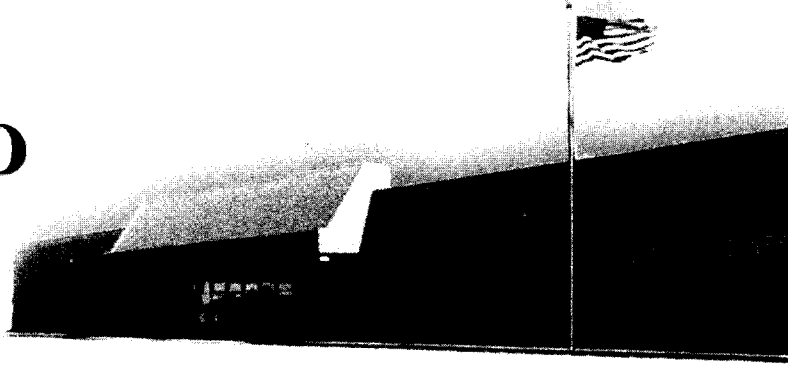
Enclosure



Office of Tax Assessor - Collector

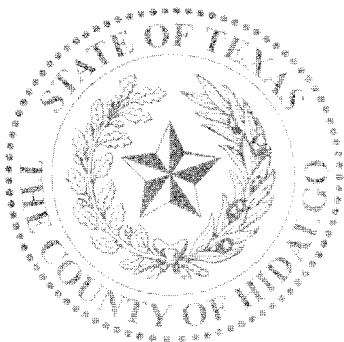
# COUNTY of HIDALGO

*Pablo "Paul" Villarreal, Jr. R7A*



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Ph. (956) 318-2157  
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ACCOUNT NUMBER	PAYER	AMOUNT
M2240.00.000.0001.01	MCALLEN ASSOCIATES	\$4,947.68
S2741.00.000.0014.00	SAN INVESTMENTS LLC	\$5,118.84
T1750.00.000.0012.00	TORALES MARIA ALVARADO	\$2,500.00



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





**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: 12/27/2016

MCALLEN ASSOCIATES *a*  
 PO BOX 3125  
 MCALLEN, TX 78502

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

DATE: 11-19-17  
*P. 11/19/17*

Account Number M2240-00-000-0001-01 <i>a</i> HCAD No. 230473 <i>a</i>
Legal Description of the Property MCALLEN METHODIST HOSPITAL S 471'-N1140.68'-E183' OF W261.8' OF LOT 1 1801 S 5TH ST OWNER: MCALLEN MEDICAL CENTER <i>a</i>

**2015 OVERAGE AMOUNT \$4,947.68 *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	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 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>\$50,165.19</u>
	Total tax, penalty, and interest amount owed for the year	<u>\$45,217.51</u>
	Amount of refund claimed	<u>\$4,947.68</u>
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	<u>M2240-00-000-0001-01/230473</u> For tax year <u>2016</u>
	<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>12/28/16</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: <i>[Signature]</i> Date: <u>1/20/17</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>1-5-17</u>

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



**PABLO (PAUL) VILLARREAL**  
 Hidalgo County Tax Office  
 Hidalgo County Tax Assessor/Collector  
 PO BOX 122 EDINBURG, TX 78540-0178

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

Print Date: 02/11/2015

**RECEIVED**  
 OCT 31 2016  
 Hidalgo County Tax Office  
 Collections Department

**FINAL NOTICE**  
 SEP 08 2016

**RECEIVED**  
 OCT 07 2016  
 Hidalgo County Tax Office  
 Collections Department

SAN INVESTMENTS LLC  
 525 W. SHAWAN AVE  
 16TH FL  
 NEW YORK, NY 10018-4901

Account Number  
 S2741-00-000-0014-00 d  
 HCAD No. 624490 a

Legal Description of the Property  
 SHARY BUSINESS CENTER CONDOS UNIT 14  
 BROCK ST

OWNER: SAN INVESTMENTS LLC d

2014 OVERAGE AMOUNT \$5,118.84 a

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

**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.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	San Investments LLC	Relationship to Property Owner	SELF
	Mailing Address	321 S. Main St. 01	Daytime Telephone Number	956.655.2901
	City, State, Zip Code	McAllen, TX 78537		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2014</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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>1-19-17</u>	
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer		<u>5,118.84</u>	
	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			
	SIGN HERE		Date of application	<u>12/12/16</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
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
By: <u>[Signature]</u>		Date: <u>1/20/17</u>		
By: <u>[Signature]</u>		Date: <u>12/28/16</u>		

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

1-3-17

# 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>REYES NOE &amp; FELIPA ( PAID BY: TORALES MARIA ALVARADO)</b>
	Present mailing address (number and street) <b>2705 S 28<sup>TH</sup> ST</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78503</b>

Phone (area code and number)  
**x(956) 391-9841**

Legal description (or attach copy of the tax bill or tax receipt): **TERRAZO DE ZAVALA LOT 12**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>570634</b>	<b>DATE: 1-19-17</b>
	Account number of property: <b>T1750.00.000.0012.00</b>	Tax receipt number: <b>OR 29566707</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	2006	09/02	/ 2015	\$ 462.29
2.		2005		/	\$ 991.54	\$ 991.54
3.		2004		/	\$ 1,046.17	\$ 1,046.17
4.				/	\$	\$
5.	TOTAL			/	\$	\$ 2,500.00

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ON ACCT#570634**

**REFUND BACK TO TAX PAYER**

**NR**

<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 <b>+ Maria E. Torales</b>	Date of application for tax refund <b>x 12-21-16</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 <b>[Signature]</b>	Date <b>1/20/17</b>
	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) <b>[Signature]</b>	Date <b>12/28/16</b>

1-3-17