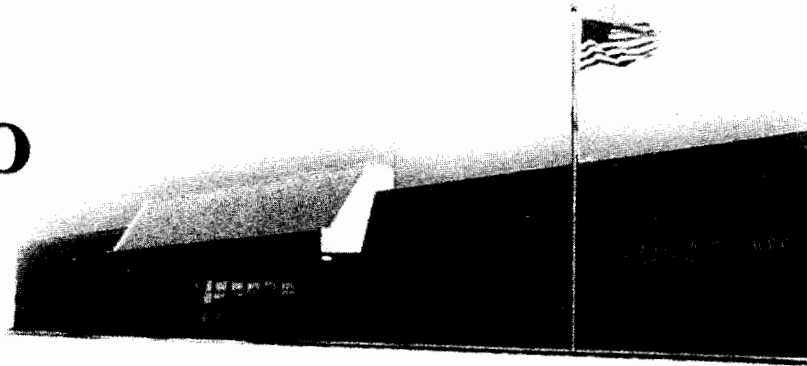


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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

April 20, 2017

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

br

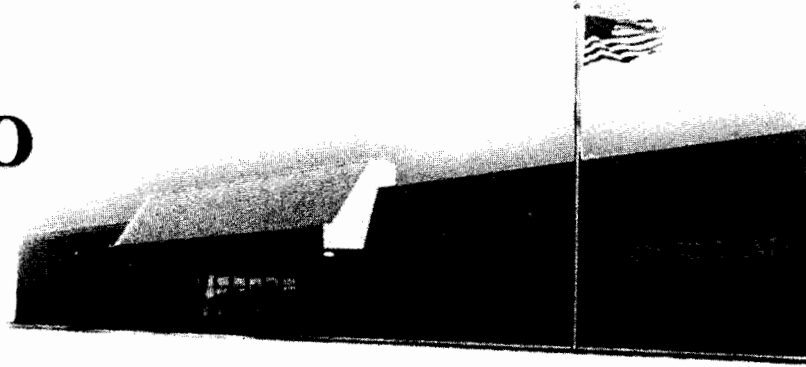
Enclosure



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

Office of Tax Assessor - Collector
COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
00015.90.610.0005.10	GENCO ENERGY SERVICES, INC	\$12,216.04
C0300.99.186.0003.00	YUMA CORPORATION	\$2,677.98
T4090.00.002.0010.01	JERREL ARMSTRONG	\$3,827.01



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: 02/22/2017

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 4-18-17

J.C. 4/18/17

MAIL MAR 16 2017 Hidalgo County Tax Office Received

GENCO ENERGY SERVICES, INC * PO BOX 720093 MCALLEN, TX 78504

Account Number 00015-90-610-0005-10 *

HCAD No. 982549 *

Legal Description of the Property VEHICLES

OWNER: GENCO ENERGY SERVICES *

2016 OVERAGE AMOUNT \$12,216.04 *

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 956-380-3710
	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 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	Date of application 3/14/17 *
	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: 4/9/17
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Paul Villarreal * Date: 3/23/17 * CAP

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: 01/17/2017

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 4/18/17
J.C. 4/18/17

YUMA CORPORATION
DBA PHARR AUTO SALES
 1900 N CAGE BLVD
 PHARR, TX 78577

Account Number C0300-99-186-0003-00 HCAD No. 129362
Legal Description of the Property FURNITURE FIXTURES & EQUIPMENT AT 1900 N CAGE BLVD (SEE/C0300-93-186-0003-00) 1900 N CAGE BLVD 78577 OWNER: PHARR AUTO SALES

2016 OVERAGE AMOUNT \$2,677.98

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 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>EFRAIM BARRERA TR</i>	Relationship to Property Owner <i>VICE PRESIDENT</i>
	Mailing Address <i>1900 N CAGE BLVD</i>	Daytime Telephone Number
	City, State, Zip Code <i>PHARR, TX 78577</i>	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>2016</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>\$3,502.36</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$2,677.98</i>
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 <i>2-14-17</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>4/19/17</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3/6/17</i>

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

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 WILLOW CREEK MORTGAGE RECOVERY LLC PD BY: JERREL ARMSTRONG
	Present mailing address (number and street) 191 UNIVERSITY BLVD, SUITE 580
	City, town or post office, state, ZIP code DENVER, CO 80206
	Phone (area code and number)

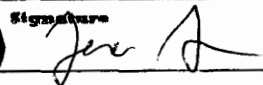
Legal description (or attach copy of the tax bill or tax receipt): **36 PALMS TERRACE PART 1 S125' LOT 10 BLK 2**

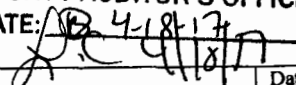
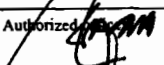
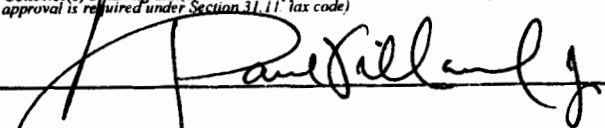
Step 2: Describe the property	Address or location of property:
	302253
	Account number of property: Tax receipt number:
	T4090.00.002.0010.01 OR 33399626

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. GHD,DR1,EMS#4	2011	12/19	/ 2016	\$ 453.53
2. GHD,DR1,EMS#4	2010	12/19	/ 2016	\$ 212.53	\$ 212.53
3. *			/	\$	\$
4. * See tax invoice pd in Dec 2016			/	\$	\$
5. Matched amount of \$ 3827.01			/	\$ TOTAL	\$ 3,827.01

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

As per Mr. Armstrong they have no interest on this account. HCAD will correct back to Reynaldo & Veronica Ibarra. 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."	
	Signature sign here 	Date of application for tax refund 3-8-17
	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: 4-18-17 
	Authorized  sign here	Date 4/19/17
	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 3/16/17 *