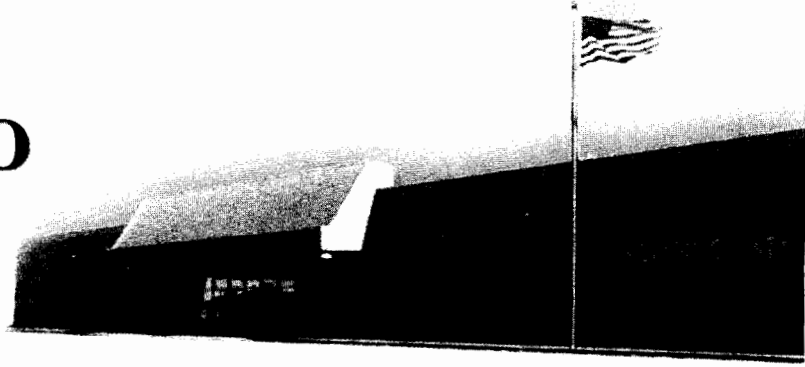


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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

May 1, 2017

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

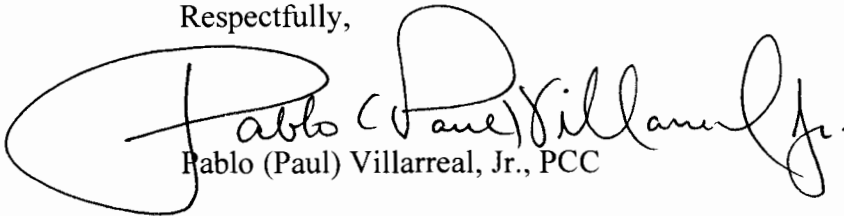
Re: See attached list

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.

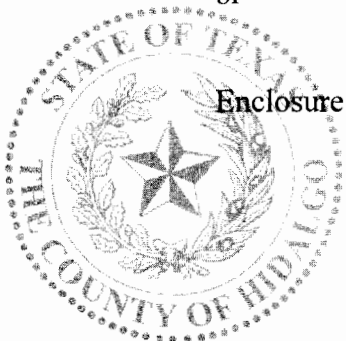
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

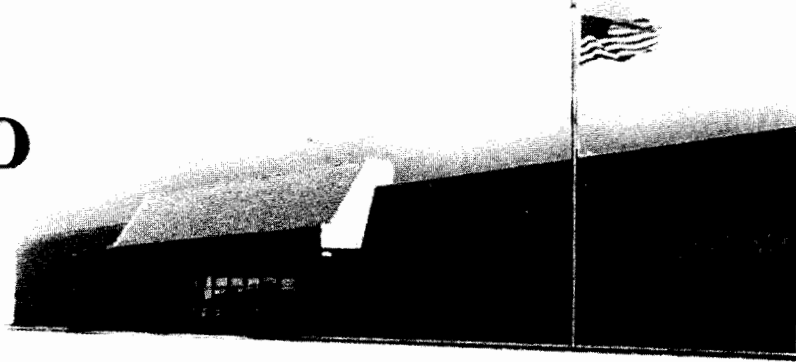
br

Enclosure



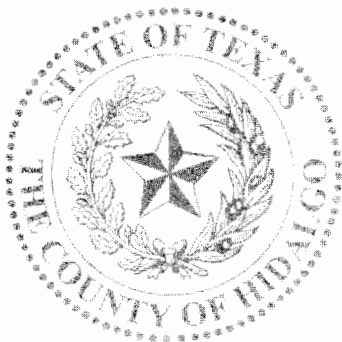
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

ACCOUNT NUMBER	PAYER	AMOUNT
B2945.00.000.0001.00	MAGIC VALLEY CONCRETE	\$4,333.62
D7462.01.000.0001.00	GARZA DEVELOPMENT COMPANY LTD	\$6,500.45
M1950.00.030.0002.00	1201 BUSINESS CENTER LTD	\$5,175.34
U2080.99.000.0001.26	JONES & JONES	\$7,699.21
W1221.00.100.0100.00	WATER TOWER CENTRE OWNERS ASSOCIATON INC	\$4,332.66
W3800.99.000.0000.34	NORTHLAND CAPITAL FINANCIAL SERVICES LLC	\$2,508.28



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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4.25.17	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	J. C. [Signature]	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

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

Step 1: Owner's name and address	Owner's name GARZA RUFINO & RAMIRO J (PD BY: MAGIC VALLEY CONCRETE) f	
	Present mailing address (number and street) PO BOX 1941	
	City, town or post office, state, ZIP code MISSION, TX 78573	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): BIG LAKE LOT 1

Step 2: Describe the property	Address or location of property: EXPWY 83 125586 f
	Account number of property: B2945.00.000.0001.00 f
	Tax receipt number: 34691199

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	2016	01/31 / 2017	\$ 14,038.00	\$ 4,333.62
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 4,333.62 f
	Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319				
	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 sign here [Signature]
	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	
	Authorized official sign here [Signature]	Date 4/27/17
	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 [Signature]	Date 4/10/17

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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>4/25/17</u> <i>J. C. Villanueva</i>
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 GARZA DEVELOPMENT COMPANY, LTD (PD BY: GARZA DEVELOPMENT COMPANY LTD) f
Owner's name and address	Present mailing address (number and street) 1801 S 2ND ST FL 6
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1353
	Phone (area code and number)

Step 2:	Legal description (or attach copy of the tax bill or tax receipt): DOVE AVENUE PROPERTIES NO.1 LOT 1
Describe the property	Address or location of property: 2625 N 23RD ST
	708931k
	Account number of property: D7462.01.000.0001.00f OR Tax receipt number: 33522260

Step 3:	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
Give the tax payment information	1. ALL ENTITIES	<u>2016</u>	12/28 / <u>2016</u>	\$ 32,437.27	\$ 6,500.45
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 6,500.45f
	Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319				
	SP				

Step 4:	"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 the form	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:	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Tax refund Determination	Authorized sign here	Date 4/27/17
	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) <i>Paul Villanueva</i>	Date 4/10/17

4110

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4-25-17 <i>J. C. [Signature]</i>	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 TRIPLE F INVESTMENTS (PD BY: 1201 BUSINESS CENTER LTD)	
	Present mailing address (number and street) 5221 N MCCOLL RD	
	City, town or post office, state, ZIP code MCALLEN, TX 78504	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MCALLEN ADDITION LOTS 2-6 BLK 30**

Step 2: Describe the property	Address or location of property: 1201 S 12TH ST 22879 Account number of property: M1950.00.030.0002.00 OR Tax receipt number: 34288673
--------------------------------------	---

Step 3: Give the tax payment information	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:10%;">Year for Which Refund is Requested</th> <th style="width:10%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:30%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2016</td> <td>01/25 / 2017</td> <td>\$ 24,552.46</td> <td>\$ 5,175.34</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 5,175.34</td> </tr> </tbody> </table>	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	2016	01/25 / 2017	\$ 24,552.46	\$ 5,175.34	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$	\$ 5,175.34
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	2016	01/25 / 2017	\$ 24,552.46	\$ 5,175.34																											
2.		/	\$	\$																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5.		/	\$	\$ 5,175.34																											
	Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319																														
	SP																														

Step 4: sign the form	<p>"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."</p> <p>Signature: <i>[Signature]</i> Date of application for tax refund: _____</p> <p>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.</p>
------------------------------	---

Step 5: Tax refund Determination	<p>This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Authorized officer: <i>[Signature]</i> Date: 4/27/17</p> <p>Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 3.17 tax code): <i>[Signature]</i> Date: 4/10/17</p>
---	--

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S 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	DATE: 4-25-17	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

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

Step 1: Owner's name and address	Owner's name NEW JONES & JONES LLC (THE (PD BY: JONES & JONES) f	
	Present mailing address (number and street) 4500 N 10TH ST STE 90	
	City, town or post office, state, ZIP code MCALLEN, TX 78504	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES
	Address or location of property: 4500 N 10TH STE-90
	930226 f
	Account number of property: U2080.99.000.0001.26 f Tax receipt number: 30528154

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	<u>2015</u>	12/29 / 2015	\$ 15,376.07	\$ 7,699.21
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 7,699.21 f
	Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319 BALANCE DUE				
	APPLY TO ACCT #930226 \$496.37 & REFUND TO TAXPAYER \$7,202.84				
	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 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
	Authorized officer sign here
	Date: 4/27/17
	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: 4/10/17 CR

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S 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	DATE: 4-25-17 <i>J. C. 4/25/17</i>	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

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

Step 1:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Owner's name and address</td> <td>Owner's name WATER TOWER VILLAGE L T D (PD BY: WATER TOWER CENTRE OWNERS ASSOCIATION INC)</td> </tr> <tr> <td></td> <td>Present mailing address (number and street) 5221 N MCCOLL RD</td> </tr> <tr> <td></td> <td>City, town or post office, state, ZIP code MCALLEN, TX 78504-2202</td> </tr> <tr> <td></td> <td>Phone (area code and number)</td> </tr> </table>	Owner's name and address	Owner's name WATER TOWER VILLAGE L T D (PD BY: WATER TOWER CENTRE OWNERS ASSOCIATION INC)		Present mailing address (number and street) 5221 N MCCOLL RD		City, town or post office, state, ZIP code MCALLEN, TX 78504-2202		Phone (area code and number)
Owner's name and address	Owner's name WATER TOWER VILLAGE L T D (PD BY: WATER TOWER CENTRE OWNERS ASSOCIATION INC)								
	Present mailing address (number and street) 5221 N MCCOLL RD								
	City, town or post office, state, ZIP code MCALLEN, TX 78504-2202								
	Phone (area code and number)								

Legal description (or attach copy of the tax bill or tax receipt): **WATER TOWER CENTRE CONDOS UNIT 100 BLDG**

Step 2:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Describe the property</td> <td>Address or location of property: 612 NOLANA AVE</td> </tr> <tr> <td></td> <td>689307f</td> </tr> <tr> <td></td> <td>Account number of property: W1221.00.100.0100.00f OR Tax receipt number: 33864283</td> </tr> </table>	Describe the property	Address or location of property: 612 NOLANA AVE		689307f		Account number of property: W1221.00.100.0100.00f OR Tax receipt number: 33864283
Describe the property	Address or location of property: 612 NOLANA AVE						
	689307f						
	Account number of property: W1221.00.100.0100.00f OR Tax receipt number: 33864283						

Step 3:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Give the tax payment information</td> <td style="width:20%;">Name Of Taxing Unit from Which Refund is Requested</td> <td style="width:10%;">Year for Which Refund is Requested</td> <td style="width:10%;">Date of the Tax Payment</td> <td style="width:10%;">Amount of Taxes Paid</td> <td style="width:10%;">Amount of Tax Refund Requested</td> </tr> <tr> <td></td> <td>1. ALL ENTITIES</td> <td>2016</td> <td>12/29 / 2016</td> <td>\$ 19,869.43</td> <td>\$ 4,332.66</td> </tr> <tr> <td></td> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 4,332.66f</td> </tr> </table> <p>Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319</p> <p>SP</p>	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	2016	12/29 / 2016	\$ 19,869.43	\$ 4,332.66		2.		/	\$	\$		3.		/	\$	\$		4.		/	\$	\$		5.		/	\$	\$ 4,332.66f
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	2016	12/29 / 2016	\$ 19,869.43	\$ 4,332.66																																
	2.		/	\$	\$																																
	3.		/	\$	\$																																
	4.		/	\$	\$																																
	5.		/	\$	\$ 4,332.66f																																

Step 4:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">sign the form</td> </tr> <tr> <td colspan="2">"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."</td> </tr> <tr> <td style="width:70%;">Signature sign here </td> <td>Date of application for tax refund</td> </tr> <tr> <td colspan="2">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.</td> </tr> </table>	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.	
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:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Tax refund Determination</td> <td colspan="2">This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</td> </tr> <tr> <td></td> <td>Authorized official sign here </td> <td>Date 4/27/17</td> </tr> <tr> <td></td> <td>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 </td> <td>Date 4/10/17</td> </tr> </table>	Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Authorized official sign here	Date 4/27/17		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 4/10/17
Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved									
	Authorized official sign here	Date 4/27/17								
	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 4/10/17								

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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4-25-17 <i>J. C. [Signature]</i>
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 NORTHLAND CAPITAL FINANCIAL SERVICES INC (PD BY: NORTHLAND CAPITAL FINANCIAL)
Owner's name and address	Present mailing address (number and street) 333 33RD AVE S STE 100
	City, town or post office, state, ZIP code SAINT CLOUD, MN 56301-5861
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2016-NON-TAXABLE/LEASED EQUIPMENT**

Step 2:	Describe the property
	Address or location of property: VAR LOC @ SWL
	1020340
	Account number of property: W3800.99.000.0000.34 OR Tax receipt number: 33090587

Step 3:	Give the tax payment information																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:20%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2016</td> <td>11/28 / 2016</td> <td>\$ 2,508.28</td> <td>\$ 2,508.28</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 2,508.28</td> </tr> </tbody> </table>	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	2016	11/28 / 2016	\$ 2,508.28	\$ 2,508.28	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$	\$ 2,508.28
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	2016	11/28 / 2016	\$ 2,508.28	\$ 2,508.28																											
2.		/	\$	\$																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5.		/	\$	\$ 2,508.28																											
	Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319																														
	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."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Signature sign here </td> <td style="width:30%;">Date of application for tax refund</td> </tr> </table>	Signature sign here	Date of application for tax refund
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				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Authorized officer sign here </td> <td style="width:30%;">Date 4/27/17</td> </tr> <tr> <td>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 </td> <td>Date 4/19/17 CAR</td> </tr> </table>	Authorized officer sign here	Date 4/27/17	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 4/19/17 CAR
Authorized officer sign here	Date 4/27/17				
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 4/19/17 CAR				