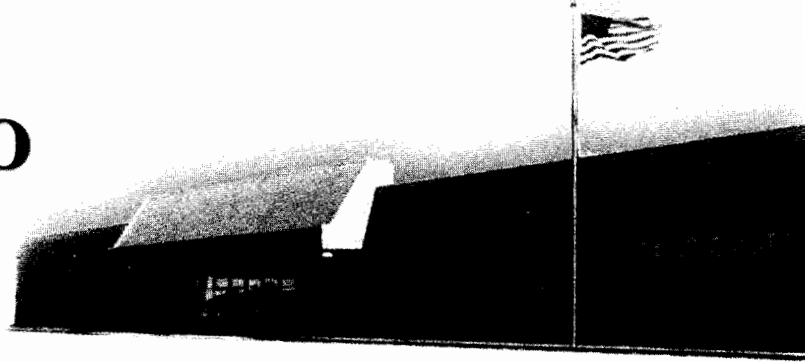


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

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

Pablo (Paul) Villarreal, Jr., PCC

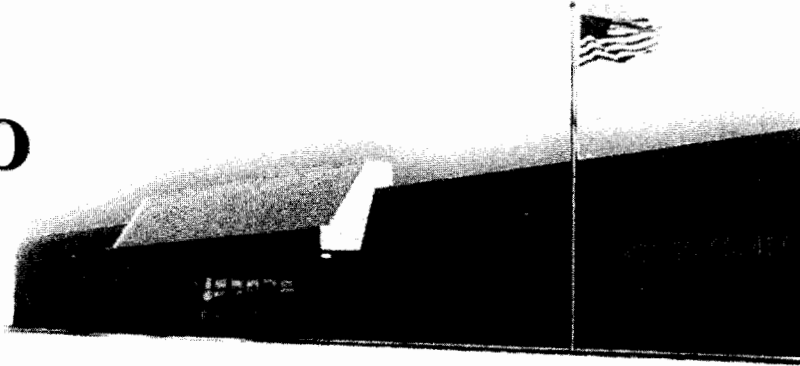
br

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
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ACCOUNT NUMBER	PAYER	AMOUNT
F7855.99.000.0001.01	TEJAS EQUIPMENT RENTALS	\$6,408.08
G2600.00.000.004A.05	INTER NATIONAL BANK	\$9,956.98
I4040.99.000.000A.10	RYAN TAX COMPLIANCE SERVICES LLC	\$9,108.61
L2620.00.000.0001.00	E & R CONSTRUCTION	\$3,886.58
M1570.00.000.0001.00	MG KAMEL PROPERTIES LTD	\$5,842.09
M1921.00.000.0003.00	MARBEL	\$2,574.88
M2650.00.009.0006.00	MAE PROPERTIES, LLC	\$12,058.92
T3075.02.000.0010.00	MCCOLL CAPITAL LLC	\$9,353.98



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 TEJAS EQUIPMENT RENTAL & SALES (PD BY: TEJAS EQUIPMENT RENTALS)
	Present mailing address (number and street) 1212 N 23RD ST
	City, town or post office, state, ZIP code MCALLEN, TX 78501-7454
	Phone (area code and number)

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

Step 2: Describe the property	Address or location of property: 3910 S MCCOLL	
	651348	
	Account number of property: F7855.99.000.0001.01	Tax receipt number: 34749134
	OR	

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	\$ 10,000.00
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 6,408.08

Taxpayer's reason for refund (attach supporting documentation): **SUPP 8 RF170319 BALANCE DUE**

APPLY \$359.20 TO ACCT 631348 & 820979 \$213.21 TO HCTO & \$5,835.67 TO TAXPAYER 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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/12/17 2/24/28/17
	Authorized signer sign here	Date 5/1/17
	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

4/10

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 LONE STAR LODGING LLC (PD BY: INTER NATIONAL BANK)
	Present mailing address (number and street) 1301 SOUTH 9TH ST
	City, town or post office, state, ZIP code MCALLEN, TX 78501
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **GATEWAY PLAZA SHOPPING CITY**

Step 2: Describe the property	Address or location of property: 1301 S 9TH ST	
	567159	567159
	Account number of property: G2600.00.000.004A.05	Tax receipt number: 33055056

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	11/22 / 2016	\$ 34,850.33	\$ 9,956.98
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 9,956.98
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 [Signature]	Date of application for tax refund
<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	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/12/17 [Signature] Date 5/11/17
	Authorized officer [Signature]	Date	
	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)	[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	
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 WINGFOOT COMMERCIAL TIRE SYSTEM LLC PD BY: RYAN TAX COMPLIANCE SERVICES LLC
	Present mailing address (number and street) 200 INNOVATION WAY
	City, town or post office, state, ZIP code AKRON, OH 44316-0001

Phone (area code and number)

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

Step 2: Describe the property	Address or location of property: 3600 W MILITARY STE B	
	702850	
	Account number of property: I4040.99.000.000A.10	Tax receipt number: 33228105
	OR	

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	11/30	/ 2016	\$ 9,108.61
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 9,108.61

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	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: 4/27/17 5/1/17 4/10/17
	Authorized officer sign here	Date	
	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	

4110

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 * VILLARREAL EVERARDO (PD BY: E & R CONSTRUCTION)
	Present mailing address (number and street) 2407 N SHARY RD STE A
	City, town or post office, state, ZIP code MISSION, TX 78574
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LAKEVIEW PLAZA LOT 1**

Step 2: Describe the property	Address or location of property: US HIGHWAY 83
	685259
	Account number of property: L2620.00.000.0001.00 OR Tax receipt number: 33740829 *

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	12/29 / 2016	\$ 7,773.14	\$ 3,886.58
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 3,886.58 *
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	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: 06/04/2017 Date 5/1/17 Date 4/10/17 *
	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	Jane Villarreal *	

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 MG KAMEL (PD BY: MG KAMEL PROPERTIES LTD)
	Present mailing address (number and street) 5608 N 5TH
	City, town or post office, state, ZIP code MCALLEN, TX 78504-2730
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MARVAL PLAZA LOT 1**

Step 2: Describe the property	Address or location of property: 4201 S MCCOLL RD	
	1016211	
	Account number of property: M1570.00.000.0001.00	Tax receipt number: OR 33070549

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	11/23 / 2016	\$ 30,340.00	\$ 5,842.09
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 5,842.09
Taxpayer's reason for refund (attach supporting documentation): SUPP 8 RF170319 APPLY \$4,978.36					
TO ACCT # 1036434 AND DIFFERENCE \$863.73 TO TAXPAYER					
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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/12/17
	Authorized official sign here	Date 5/1/17	
	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	CAR

4/10

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 MAYRIN BANQUET HALL LLC (PD BY: MARBEL)
	Present mailing address (number and street) 3528 BUDDY OWENS BLVD
	City, town or post office, state, ZIP code MCALLEN, TX 78504-5465
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MAYRIN LOT 3**

Step 2: Describe the property	Address or location of property: E ALBERTA RD
	895588
	Account number of property: M1921.00.000.0003.00
	Tax receipt number: OR 34441924

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	01/30 / 2017	\$ 11,005.66	\$ 2,574.88
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 2,574.88
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	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: 4/28/17
	Authorized officer sign here	Date 5/1/17
	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

(Handwritten signatures and dates)

Jane Dilland

4/10

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: 4-27-17 <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 and address	Owner's name VALCON INC (PD BY: MAE PROPERTIES, LLC)	
	Present mailing address (number and street) 4316 N 10TH ST	
	City, town or post office, state, ZIP code MCALLEN, TX 78504-3007	Phone (area code and number)

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

Step 2: Describe the property	Address or location of property: 3405 S JACKSON RD	
	231273	
	Account number of property: M2650.00.009.0006.00	Tax receipt number: OR 33823572

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>2016</u>	12/29 / 2016	\$ 19,319.07	\$ 12,058.92
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 12,058.92

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	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 5/1/17
	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

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

Collection office name
HIDALGO COUNTY TAX OFFICE

Present mailing address (number and street)
P O BOX 178

City, town or post office, state, ZIP code
EDINBURG TX 78540-0178

DATE: **5/27/17**
5/28/17

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: **MCCOLL CAPITAL LLC (PD BY: MCCOLL CAPITAL LLC)**

Present mailing address (number and street): **1455 DIXON AVE STE 206**

City, town or post office, state, ZIP code: **LAFAYETTE, CO 80026-8880**

Phone (area code and number):

Legal description (or attach copy of the tax bill or tax receipt): **THE DISTRICT AT MCALLEN PH 2 LOT 10-11**

Step 2: Describe the property

Address or location of property: **3400 N MCCOLL RD**

701845

Account number of property: **T3075.02.000.0010.00** OR **34684652**

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	2016	01/31 / 2017	\$ 63,285.78	\$ 9,353.98
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$	\$ 9,353.98

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: *[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 Approved Disapproved

Authorized officer: *[Signature]* Date: **5/11/17**

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): *[Signature]* Date: **4/10/17**