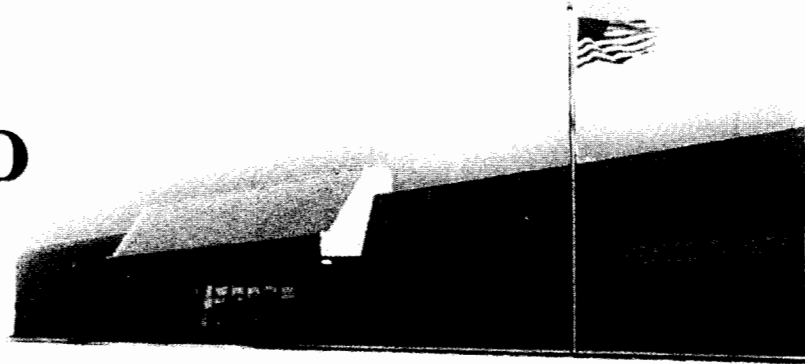


Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. RIA



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

May 8, 2017

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

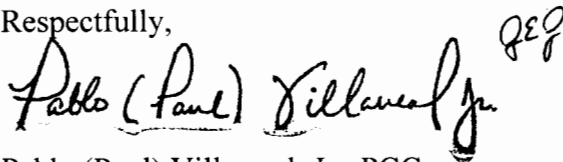
Re: See attached list

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.

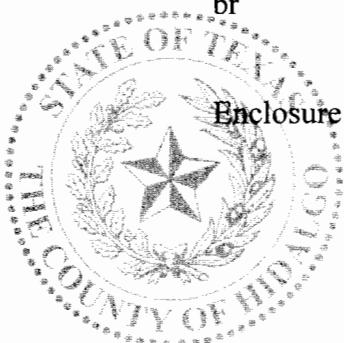
Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

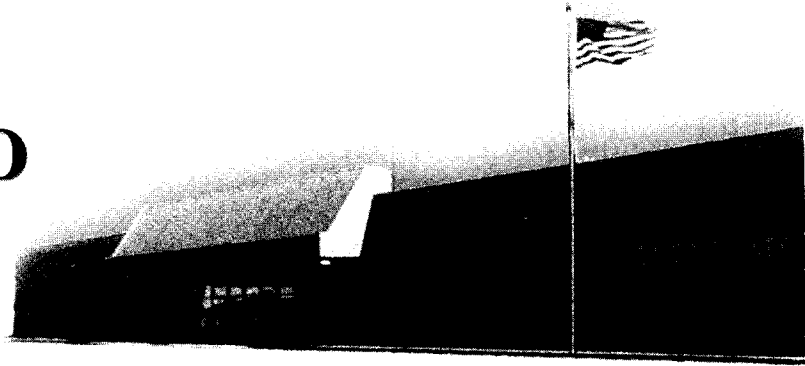
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Enclosure



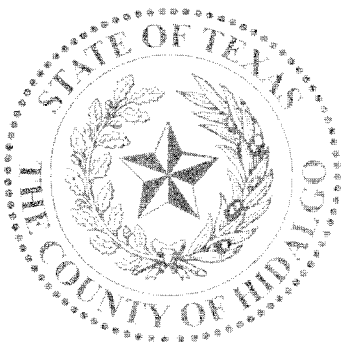
Office of Tax Assessor - Collector
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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|-------------------------|------------|
| D7550.00.000.0000.00 | ARCHIE ACEVEDO | \$5,998.38 |
| T4085.00.000.0020.00 | DE MAIZ TORTILLERIA LLC | \$3,899.79 |



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

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 ACEVEDO ARCHIE & TERESA (PD BY: ARCHIE ACEVEDO) |
| | Present mailing address (number and street) PO BOX 3331 |
| | City, town or post office, state, ZIP code MCALLEN, TX 78502-3331 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **DOVE PROFESSIONAL PLAZA A TRACT OF LAND**

| | |
|--|---|
| Step 2: Describe the property | Address or location of property: 5717 N 10TH ST |
| | 498305 |
| | Account number of property: D7550.00.000.0000.00 |
| | Tax receipt number: 32865420 / 33333123 |

| 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 | 11/04 | / 2016 | \$ 20,725.91 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. | | | / | \$ | \$ 5,998.38 |

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

APPLY \$1,472.75 TO ACCT# 498305 APPLY \$36.00 TO ACCT 654978. REFUND

TAXPAYER \$4,489.63. 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: 5/1/17 |
| | Authorized officer sign here | Date 5/4/17 | |
| | 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 | Paul Villanueva | |

4/28
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 GONZALEZ LUIS (PD BY: DE MAIZ TORTILLERIA LLC) & |
| | Present mailing address (number and street) 2902 N HIBISCUS ST |
| | 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): **3100 SUGAR LOT 20**


| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 700 N HIBISCUS ST |
| | 621069 |
| | Account number of property: T4085.00.000.0020.00 OR 34074135 |
| | Tax receipt number: |

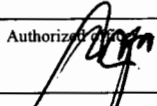
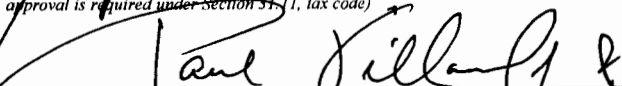
| Step 3: Give the tax payment information | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| | 1. ALL ENTITIES | <u>2016</u> | 01/18 | / 2017 | \$ 15,243.55 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. | | | / | \$ | \$ 3,899.79 |

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

APPLY TO ACCT #621069 \$1,134.38 & REFUND TO TAXPAYER \$2,765.41

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 |
| <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: <u>5/11/17</u> |
| | Authorized sign here  | Date 5/4/17 | |
| | 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 |

4470 4128