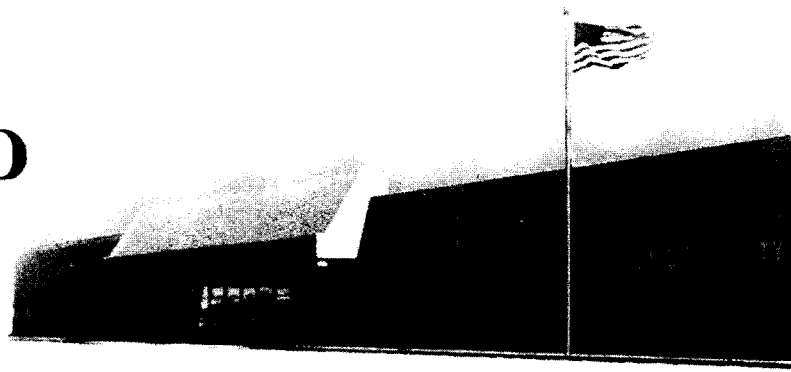


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**  
*Pablo "Paul" Villarreal, Jr. RTA*



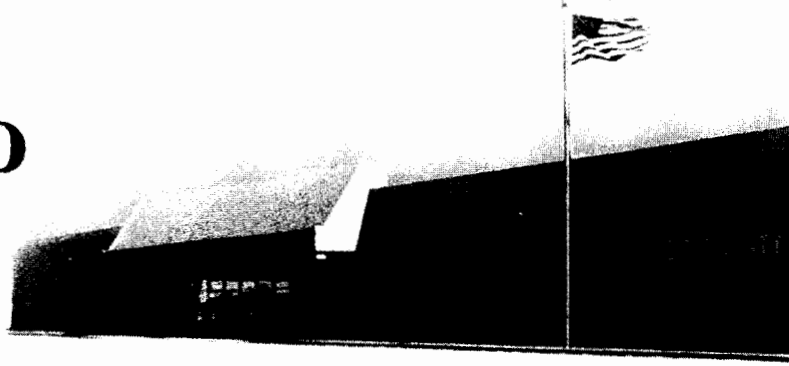
P.O. Box 178  
Edinburg, Texas 78540-0178  
Ph. (956) 318-2157  
Fax (956) 318-2733  
[www.hidalgocountytax.org](http://www.hidalgocountytax.org)

ACCOUNT NUMBER	PAYER	AMOUNT
00073.90.140.0005.05	B.O.S. INC.	\$3,841.91
10968.90.000.0001.20	B.O.S., INC.	\$3,111.27
B4025.00.160.0000.05	CORELOGIC	\$10,163.16
C4921.99.000.0011.01	TK RIM, LLC	\$5,459.56
D3200.00.130.0000.00	ROD ROBERTSON ENTERPRISES, INC.	\$4,238.19
D7545.01.001.0035.00	CORELOGIC	\$3,830.79
J2355.00.000.0104.00	JAIME I RIVERA	\$2,703.94
L1100.02.002.0118.05	HERMIDIO ROSAS	\$2,691.11
M5840.01.000.0051.00	KIMBERLY VANDERFORD	\$3,984.19
Q0960.00.000.000C.00	LA JOYA INVESTMENT, LLC	\$8,993.35
R3490.00.000.0025.00	RAMIRO G FLORES	\$2,930.58
S2950.00.000.0526.00	ROBERTO R. ELIZALDE	\$3,502.90



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](http://www.hidalgocountytax.org)

May 15, 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.

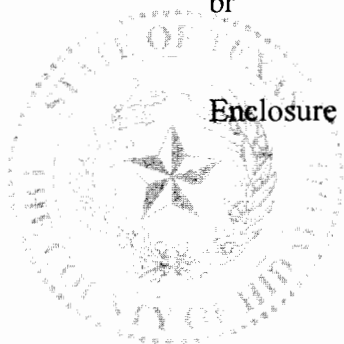
Respectfully,

*Pablo (Paul) Villarreal Jr.*

Pablo (Paul) Villarreal, Jr., PCC

br

Enclosure



# 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**

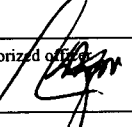
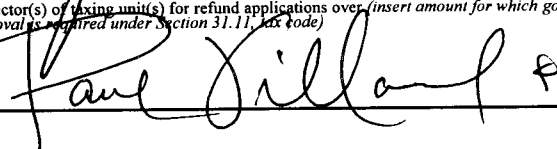

<b>Step 1:</b> Owner's name and address	Owner's name <b>SOUTHERN DISPOSALS LLC (PD BY: B.O.S., INC.)</b>
	Present mailing address (number and street) <b>PO BOX 1256</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>
	Phone (area code and number) <b>(956) 318-2157</b>

Legal description (or attach copy of the tax bill or tax receipt): **DELETE MARKET GROWTH ADJUSTMENT**

<b>Step 2:</b> Describe the property	Address or location of property: <b>905669</b>
	Account number of property: <b>00073.90.140.0005.05</b>
	Tax receipt number: <b>OR 34333559</b>

<b>Step 3:</b> 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	01/26 / 2017	\$ 3,841.91	\$ 3,841.91
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 3,841.91
Taxpayer's reason for refund (attach supporting documentation): <b>SUPP 9 RF170409</b>					
<b>SP</b>					

<b>Step 4:</b> 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.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>5-9-17</b> <b>P. C. S. 10/17</b>
	Authorized officer sign here 	Date <b>5/11/17</b>	
	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 <b>4/21/17</b> 	

4/21

# 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>SOUTHERN DISPOSALS LLC (PD BY: B.O.S., INC.)</b>	
	Present mailing address (number and street) <b>PO BOX 1256</b>	
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TRUCKS/TRLRS**

<b>Step 2: Describe the property</b>	Address or location of property:	
	<b>453287</b>	
	Account number of property:	Tax receipt number:
	<b>10968.90.000.0001.20</b>	<b>OR 34287123</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	2016	01/25 / 2017	\$ 16,817.45	\$ 3,111.27
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 3,111.27
Taxpayer's reason for refund (attach supporting documentation): <b>SUPP 9 RF170409</b>					
<b>SP</b>					

<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 sign here	Date of application for tax refund
	<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>	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>
	Authorized officer sign here	Date	<b>DATE: 5-9-17</b> <b>5/11/17</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) sign here	Date	<b>4/21/17</b>

4/21

# 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>MARGUERITE MANAGEMENT INC (PD BY: CORELOGIC )</b>
	Present mailing address (number and street) <b>9504 N SEMINARY RD</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78541</b>

**Step 2:  
Describe the property**

Legal description (or attach copy of the tax bill or tax receipt): **RETAMA & BRAZIL TRACT TR 160**

Address or location of property:  
**127305**

Account number of property: **B4025.00.160.0000.05** OR Tax receipt number: **33428158/33428157**

**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	12/19 / 2016	\$ 58,323.36	\$ 10,163.16
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$	\$ 10,163.16

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

**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  Approved  Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **5-9-17**  
**L. C. 5/10/17**

Authorized sign here: [Signature]

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**

Date: **4/21/17**

4/21

# 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:</b> Owner's name and address	Owner's name <b>TILTED KILT PUB &amp; EATERY (PD BY: TK RIM, LLC)</b>
	Present mailing address (number and street) <b>246 LAKE POWELL</b>
	City, town or post office, state, ZIP code <b>LAREDO, TX 78041</b>
	Phone (area code and number)

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

<b>Step 2:</b> Describe the property	Address or location of property: <b>4117 W EXPWY 83</b>
	<b>1069417</b>
	Account number of property: <b>C4921.99.000.0011.01</b>
	Tax receipt number: <b>34498136</b>

<b>Step 3:</b> 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	\$ 9,940.98
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 5,459.56

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409 BALANCE ON ACCOUNT PAY OFF \$448.15 DIFFERENCE TO PAYER \$5,011.41**

**SP**

<b>Step 4:</b> 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.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Authorized officer sign here	Date	DATE: <b>5-10-17</b> <b>5/10/17</b>	
	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	<b>4/21/17</b>	

*Paul Villan*

# 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>ROD ROBERTSON LTD (PD BY: ROD ROBERTSON ENTERPRISES, INC.)</b>
	Present mailing address (number and street) <b>3847 PARKDALE ST.</b>
	City, town or post office, state, ZIP code <b>SAN ANTONIO, TX 78229</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DEL TULE E**

<b>Step 2: Describe the property</b>	Address or location of property: <b>FM 490</b>
	<b>158304</b>
	Account number of property: <b>D3200.00.130.0000.00</b>
	Tax receipt number: <b>OR 33366798</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	<u>2016</u>	12/16 / 2016	\$ 20,801.73	\$ 4,238.19
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 4,238.19
Taxpayer's reason for refund (attach supporting documentation): <b>SUPP 9 RF170409</b>					
<b>SP</b>					

<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 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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 5-9-17</b>
	Authorized officer sign here	Date <b>5/11/17</b>	
	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 <b>4/21/17</b>	

4/21

# 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>PENA JOSE NOEL (PD BY CORELOGIC) f</b>
	Present mailing address (number and street) <b>517 E BLUEBIRD AVE</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-2236</b>
	Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **DOVE POINTE UT 1 LOT 35 BLK 1**

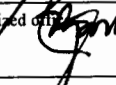
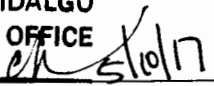
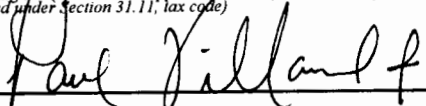

<b>Step 2: Describe the property</b>	Address or location of property: <b>517 BLUEBIRD AVE</b>
	<b>531399 f</b>
	Account number of property: <b>D7545.01.001.0035.00 f</b>
	Tax receipt number: <b>OR 33428203</b>

<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	2016	12/19	/	2016	\$ 3,830.79
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5.			/		\$	\$ 3,830.79 f

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

**SP**

<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 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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Authorized sign here 	Date	<b>DATE: 5.9.17</b> 	
	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) 	Date	<b>5/11/17</b> <b>4/21/17</b> 	

4/21/17

# 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>RIVERA JAIME I (JAIME I RIVERA)</b>
	Present mailing address (number and street) <b>32255 PASEO CAROLINA</b>
	City, town or post office, state, ZIP code <b>SAN JUAN CAPISTRANO, CA 92675-3528</b>
	Phone (area code and number) <b></b>

<b>Step 2: Describe the property</b>	Legal description (or attach copy of the tax bill or tax receipt): <b>JACKSON SOUTH ESTATES LOT 104</b>
	Address or location of property: <b>1603 W OMNI AVE</b>
	<b>704339</b>
	Account number of property: <b>J2355.00.000.0104.00</b> OR Tax receipt number: <b>33368987</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	2016	12/16	/ 2016	\$ 9,322.62
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 2,703.94

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

*Apply level 87 to Account Refund difference to SP Taxpayer \$ 2042.07 (2P)*

<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>sign here</b>	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.**

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>5/19/17</b> <i>J. C. S. / J. N.</i>
	Authorized officer <b>sign here</b>	Date <b>5/16/17</b>	
	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) <b>sign here</b>	Date <b>4/21/17</b>	<b>CAR</b>

444 519

# 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>ROSAS HERMIDIO ( PD BY HERMIDIO ROSAS ) f</b>
	Present mailing address (number and street) <b>11090 N LA HOMA RD</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78574-4646</b>

Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **LA HOMA RANCH CITRUS GROVES UT NO. 2**

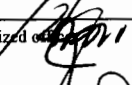
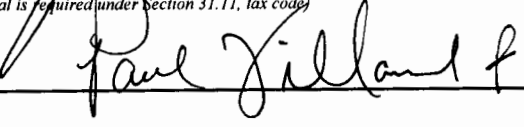
<b>Step 2: Describe the property</b>	Address or location of property: <b>11090 N LA HOMA RD</b>	
	<b>703925 f</b>	
	Account number of property: <b>L1100.02.002.0118.05 f</b>	Tax receipt number: <b>OR 35073139</b>

<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	2015	3/18	/ 2016	\$ 26.40
2. ALL ENTITIES	2015	3/14	/ 2017	\$ 4,550.79	\$
3.			/ Total paid =	\$ 4,577.19	\$
4.			/	\$	\$
5.			/	\$ Total refund =	\$ 2,691.11 f

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

**SP**

<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 sign here 	Date of application for tax refund
<p><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></p>		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>
	Authorized officer sign here 	Date <b>5/10/17</b>	<b>DATE: 5-10-17 on file 5/10/17</b>
	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 <b>4/21/17</b>	<b>CR</b>

4/21 5/19

# 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:</b> Owner's name and address	Owner's name <b>LEE DENNIS C &amp; KIMBERLY V. CO TRUSTEES ( PD BY KIMBERLY VANDERFORD) f</b>
	Present mailing address (number and street) <b>3310 LONNY LN</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78542-3024</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MONTE CRISTO GOLF & COUNTRY CLUB PH 1**

<b>Step 2:</b> Describe the property	Address or location of property: <b>3310 LONNY LN</b>
	<b>674507 f</b>
	Account number of property: <b>M5840.01.000.0051.00 f</b>
	Tax receipt number: <b>OR 34390072</b>

<b>Step 3:</b> 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	01/27	/	2017	\$ 3,984.19
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5.			/		\$	\$ 3,984.19 f

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

**SP**

<b>Step 4:</b> 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 <b>sign here</b> f	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.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>5-9-17</b> f
	Authorized officer <b>sign here</b> f	Date <b>5/11/17</b>	
	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) <b>sign here</b> f	<b>Paul Villanueva f</b>	

# 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>LA JOYA INVESTMENTS LLC (PD BY: LA JOYA INVESTMENTS, LLC)</b>
	Present mailing address (number and street) <b>PO BOX 60218</b>
	City, town or post office, state, ZIP code <b>SEATTLE, WA 98160-0218</b>
	Phone (area code and number) <b></b>

Legal description (or attach copy of the tax bill or tax receipt): **QUAIL-HOLLOW ESTATES**

<b>Step 2: Describe the property</b>	Address or location of property: <b>705 E EXPWY 83</b>
	<b>565791</b>
	Account number of property: <b>Q0960.00.000.000C.00</b>
	Tax receipt number: <b>OR 33305887</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	2016	12/13	/ 2016	\$ 19,691.75
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 8,993.35

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409 PAY BALANCE ON ACCOUNT \$1,069.84 DIFFERENCE TO TAXPAYER \$7,923.51**

**SP**

<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 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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>5/9/17</b> <b>D. C. S. / 10/17</b>
	Authorized officer sign here	Date <b>5/11/17</b>	
	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	<b>Paul Villard</b>	Date <b>4/21/17</b>

441 5/9

# 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>FLORES RAMIRO G (PAID BY RAMIRO G FLORES)</b>
	Present mailing address (number and street) <b>820 S 23<sup>RD</sup> ST</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78501</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ROCKINGHAM LOT 25**

<b>Step 2: Describe the property</b>	Address or location of property: <b>1707 STONEGATE DR</b>	
	<b>695984</b>	
	Account number of property: <b>R3490.00.000.0025.00</b>	Tax receipt number: <b>OR 30046716</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	2015	11/30	/ 2015	\$ 8,741.51
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 2,930.58

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409**

**SP**

<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 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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>5/19/17</b> <b>J.C. 5/10/17</b>
	Authorized officer sign here	Date <b>5/11/17</b>	
	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 <b>4/21/17</b>	

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# 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>ELIZALDE ROBERT (PD BY ROBERTO R. ELIZALDE)</b>
	Present mailing address (number and street) <b>5107 S MCCOLL RD</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78539-8278</b>
	Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **JOHN H SHARY S 5AC**

<b>Step 2: Describe the property</b>	Address or location of property: <b>12113 N TAYLOR RD</b>
	<b>283035</b>
	Account number of property: <b>S2950.00.000.0526.00</b> OR <b>33154012</b>
	Tax receipt number:



<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	2016	12/02	/ 2016	\$ 13,819.89
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 3,502.90 <i>a</i>

Taxpayer's reason for refund (attach supporting documentation): **SUPP 9 RF170409** ↑

**SP**

<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 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.**

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>5/19/2017</b> <i>d. 5/10/17</i>
	Authorized officer sign here 	Date <b>5/11/17</b>	
	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 <b>4/21/17</b> <i>a</i>	<b>CAF</b>