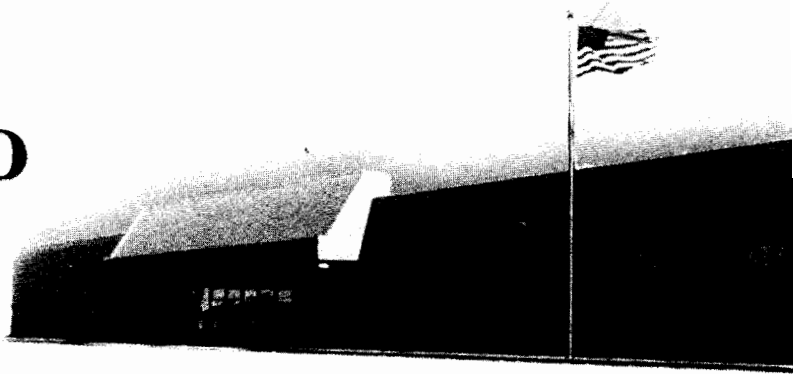


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

July 25, 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.

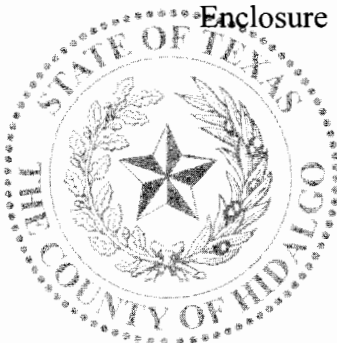
Respectfully,

Pablo (Paul) Villarreal Jr.

Pablo (Paul) Villarreal, Jr., PCC

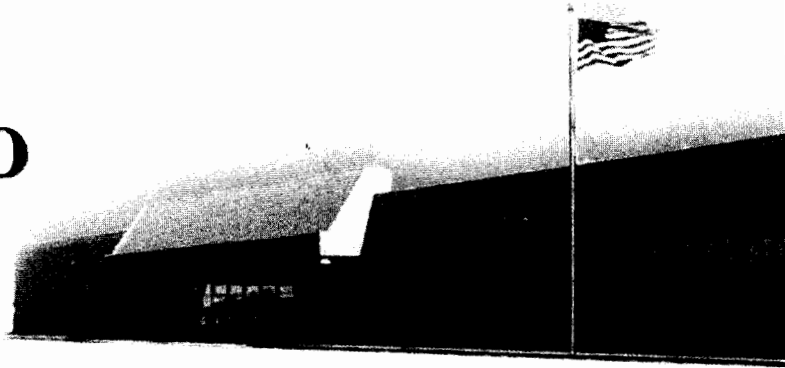
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Enclosure



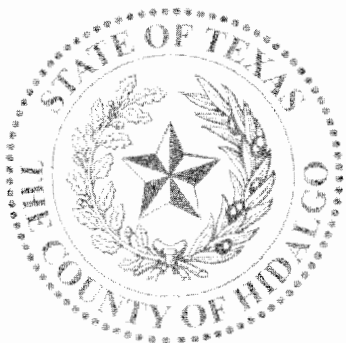
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ACCOUNT NUMBER	PAYER	AMOUNT
C9029.02.000.0099.00	CORELOGIC	\$3,417.53
E0066.00.000.0001.00	LAW OFFICE OF R. KENT LIVESAY, P.C.	\$23,628.55
T1049.01.000.0001.00	UHS OF DELAWARE INC	\$153,349.09



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

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 7/11/17 *PK*

L.C. 7/20/17



PABLO (PAUL) VILLARREAL JR., PCC
 Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: RBFUNDS.TAX@HIDALGOCOUNTYTX.ORG

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733

Print Date: 12/20/2016

CORELOGIC
 CORELOGIC DB
 WESTERN REGION SERVICE CENTER - DFW 45
 WESTLAKE, TX 76262

Account Number C9029-02-000-0099-00 ✗ HCAD No. 715052 ✗
Legal Description of the Property COUNTRY MEADOWS PH 2 LOT 91 13901 N 39TH ST
OWNER: TAULE ROLANDO O & JERISSE ✗ 2016 OVERAGE AMOUNT \$3,417.53 ✗ Loan #: 1820084281

1. HIDALGO COUNTY, 2. DRAINAGE DIST #1, 41. EDINBURG CISO, 34. SOUTH TEXAS ISO, 55. SOUTH TEXAS COLLEGE

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 <u>Nationstar</u>	Relationship to Property Owner
	Mailing Address <u>3001 Hackberry Rd</u>	Daytime Telephone Number <u>8175677805</u>
	City, State, Zip Code <u>Irving, Texas, 75063</u>	Email Address <u>mallwyn@corelogic.c</u>
Step 2: Refunds are only issued to party that paid taxes. Address 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 <u>IAO\$3417.53</u>	
	<input type="checkbox"/> Duplicates 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 <u>IAO\$3417.53</u>	
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 <u>2016</u>	
	<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 <u>6/25/17 ✗</u>
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: <u>7/20/17</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/20/17</u>

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

JE
6-27-17

6/27

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 EAGLE AUTOMOTIVE SERVICES LLC & / Law office of Kent Livesay +
	Present mailing address (number and street) 11400 N 23RD 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): **EAGLE AUTO PLAZA LOT 1**

Step 2: Describe the property	Address or location of property: 11400 N 23rd ST
	960386
	Account number of property: E0066-00-000-0001-00 OR 31898942 & 31971734
	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. GHD,DR#1,SEB,SST,JCC	2015	2/25 / 2016	\$ 11,414.76	\$ 11,414.76 <
	2. GHD,DR#1,SEB,SST,JCC (OP)	2015	3/7 / 2016	\$ 11,399.82	\$ 11,399.82 <
	3. GHD,DR#1,SEB,SST,JCC	2015	3/7 / 2016	\$ 813.97	\$ 813.97 <
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 23,628.55

Taxpayer's reason for refund (attach supporting documentation): **AS PER PROPERTY OWNER - PAID**

PROPERTY TAXES IN ERROR ON THIS PROPERTY - SHOULD OF PAID ON
ACCT#1012682 TP REQUESTS APPLY PYMT TO ACCT & REFUND DIFF

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 U L J +	Date of application for tax refund May 3, 2017
	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 [Signature]	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 6/1/17 7/11/17
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.1, tax code) [Signature]	Date 7/21/17 5/19/17

7/10

5/23



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: 03/23/2017

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 7/11/17

J-C 7/20/17

UHS OF DELAWARE INC *
367 SOUTH GULPH ROAD
KING OF PRUSSIA , PA 19406--095

Account Number T1049-01-000-0001-00*
HCAD No. 959988 *
Legal Description of the Property TCX PH 1 LOT 1
900 EXPWY 83
OWNER: UNIVERSAL HEALTH REALTY INCOME TRUST *

2016 OVERAGE AMOUNT \$153,349.09 *

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 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 610-362-3325
	City, State, Zip Code	Email Address: David.geisel@uhsinc.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2016 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 checked="" 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 checked="" type="checkbox"/>	Mail to Payer at address in Step 1 SAME ADDRESS AS LETTER ADDRESSED TO
	<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 6/15/17
	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: <i>[Signature]</i> Date: 7/20/17
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> * Date: 6/20/17

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