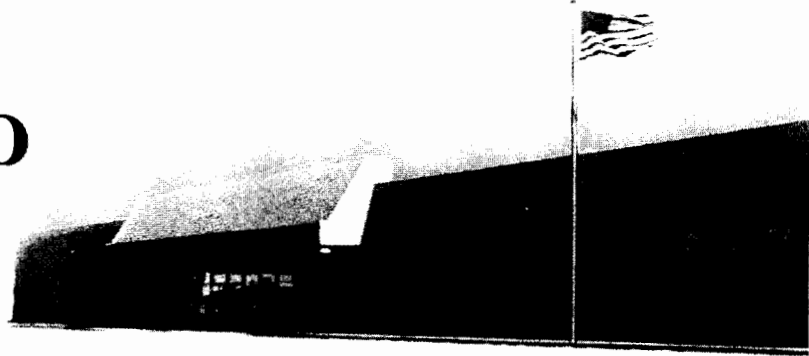


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



August 16, 2017

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

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

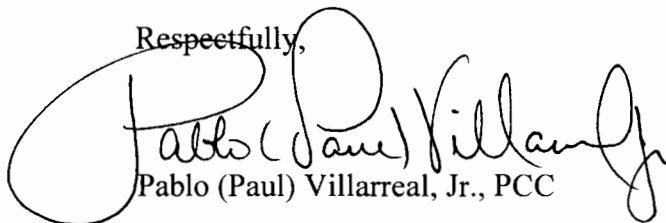
Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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.

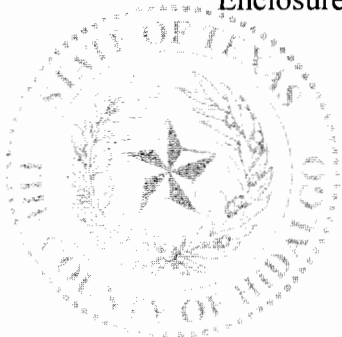
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

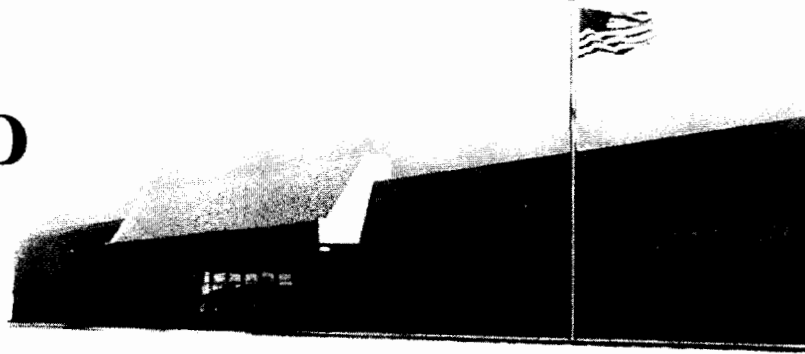
nr

Enclosure



Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



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Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
L3170.99.000.0018.00	O'reilly Auto Parts	\$2,823.19
M3550.99.002.0000.61	O'reilly Auto Parts	\$3,566.55
R4579.99.000.0001.00	DolgenCorp, LLC	\$4,431.08
W5100.99.003.0001.08	O'reilly Auto Parts	\$4,509.20



# 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>O'REILLY AUTO PARTS #1582 (PAID BY O'REILLY AUTO ENTERPRISES LLC)</b>
	Present mailing address (number and street) <b>233 S PATTERSON AVE</b>
	City, town or post office, state, ZIP code <b>SPRINGFIELD, MO 65802</b>

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 1310 W MONTE CRISTO/ NEW ACCOUNT 2006**


<b>Step 2: Describe the property</b>	Address or location of property: <b>1310 W MONTE CRISTO</b>
	<b>764870</b> ✕
	Account number of property: <b>L3170.99.000.0018.00</b> ✕
	Tax receipt number: <b>30080441</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	\$ 11,292.80	\$ 2,823.19
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2,823.19

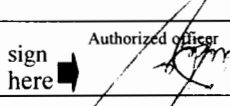
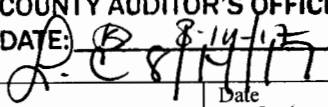
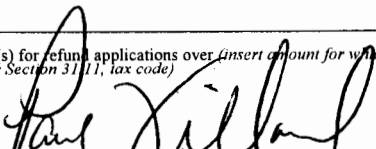
Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C5080-15-E** ✕

**DUE DATE: SEPTEMBER 20, 2017**

**DC**

<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 officer sign here 	Date	<b>DATE: 8-14-17</b> 
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.1, tax code)	Date	<b>7/20/17</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**


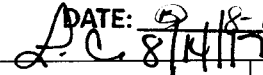
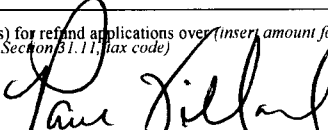

<b>Step 1: Owner's name and address</b>	Owner's name <b>O'REILLY AUTO PARTS # 591 ( PD BY: O'REILLY AUTO PARTS)</b>
	Present mailing address (number and street) <b>PO BOX 1156</b>
	City, town or post office, state, ZIP code <b>SPRINGFIELD, MO 65801-1156</b>
	Phone (area code and number)

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

<b>Step 2: Describe the property</b>	Address or location of property: <b>25 N TEXAS</b>
	621049 ✗
	Account number of property: <b>M3550.99.002.0000.61 ✗</b> OR <b>30080441</b>
	Tax receipt number:

<b>Step 3: Give the tax payment information</b>	<b>Name Of Taxing Unit from Which Refund is Requested</b>	<b>Year for Which Refund is Requested</b>	<b>Date of the Tax Payment</b>	<b>Amount of Taxes Paid</b>	<b>Amount of Tax Refund Requested</b>
	1. ALL ENTITIES	2015	11/30 / 2015	\$ 14,266.22	\$ 3,566.55
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 3,566.55
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-5080-15-E ✗</b>					
<b>DUE DATE: SEPTEMBER 20, 2017</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 8/14/17	DATE: 8-14-17 	
	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 7/20/17 ✗		

7/20

# 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>DOLLAR GENERAL #15309* (OPD BY: DOLGENCORP, LLC.)</b>
	Present mailing address (number and street) <b>100 MISSION RDG</b>
	City, town or post office, state, ZIP code <b>GOODLETTSVILLE, TX 37072-2171</b>

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


<b>Step 2: Describe the property</b>	Address or location of property: <b>1011 W 10<sup>TH</sup> (HWY 85)</b>	
	963451 *	
	Account number of property: <b>R4579.99.000.0001.00 *</b>	Tax receipt number: <b>OR 33451639</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	12/21 / 2016	\$ 12,259.47	\$ 4,431.08
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 4,431.08


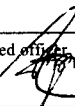

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER# C-4175-16A \***

**DUE DATE: SEPTEMBER 4, 2017**

**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> DATE: <b>8/14/17</b> 
	Authorized officer sign here 	Date <b>8/14/17</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 Yelland *</b>	

7118

# 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>O'REILLY AUTO PARTS #543 ( PD BY: O'REILLY AUTO PARTS)</b>
	Present mailing address (number and street) <b>PO BOX 1156</b>
	City, town or post office, state, ZIP code <b>SPRINGFIELD, MO 65801-1156</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: Describe the property</b>	Address or location of property: <b>811 N TEXAS (FM 88)</b>
	<b>620683</b>
	Account number of property: <b>W5100.99.003.0001.08</b> OR Tax receipt number: <b>30080441</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	\$ 18,036.87	\$ 4,509.20
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 4,509.20
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C-5080-15-E</b>					
<b>DUE DATE: SEPTEMBER 20, 2017</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: 8-14-17</b> <i>[Signature]</i>
	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>7/20/17</b> <i>[Signature]</i>