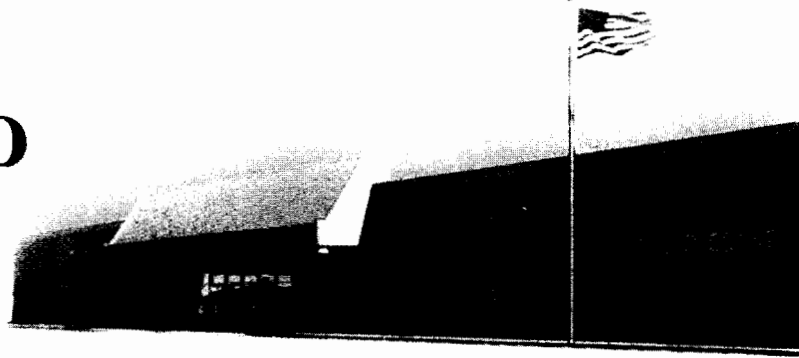


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RIA*



May 4, 2018

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

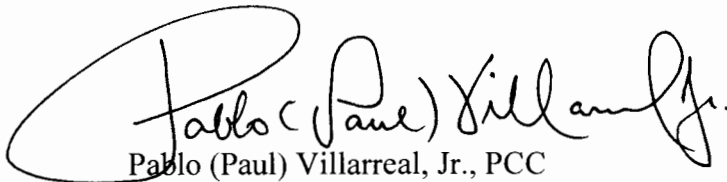
Re: See attached list

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.

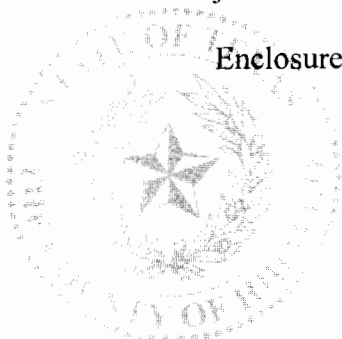
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

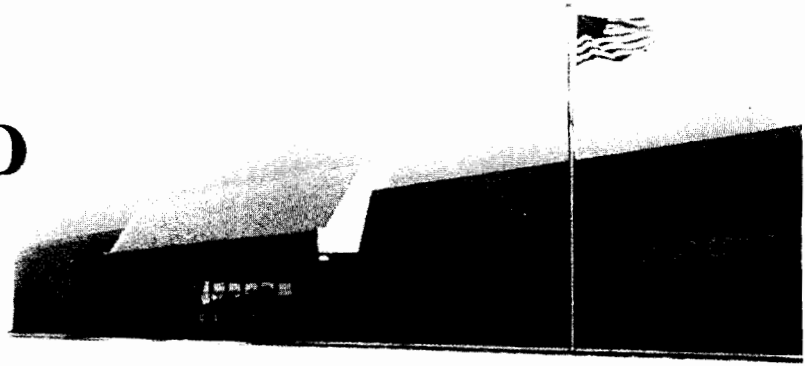
jcc

Enclosure



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

*Pablo "Paul" Villarreal, Jr. R7A*



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Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
L5545.00.000.0002.00	WALGREENS FAMILY OF COMPANIES	\$3,022.80
P7400.1A.000.001A.00	WALGREENS FAMILY OF COMPANIES	\$9,213.57
S1452.00.000.0001.00	WALGREENS FAMILY OF COMPANIES	\$5,974.43
W0282.00.001.0001.00	WALGREENS FAMILY OF COMPANIES	\$5,678.50



# 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>SHAMROCK ADVENTURE LXXX LTD ( PAID BY: WALGREENS FAMILY OF COMPANIES)</b>
	Present mailing address (number and street) <b>P.O. BOX 901</b>
	City, town or post office, state, ZIP code <b>DEERFIELD, IL 60015-0901</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LORRAIN T. & GEORGIA E. BROWN LOT 2**

<b>Step 2: Describe the property</b>	Address or location of property: <b>.815048</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 4-24-18</b>	
	Account number of property: <b>L5545.00.000.0002.00</b>		Tax receipt number: <b>37494452</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	2017	01/31	/ 2018	\$ 48,326.85
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,022.80

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-3447-17-A**

**PER ORDER PAY BY: MAY 28, 2018**

**NR**

<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	
	Authorized officer <b>sign here</b>	Date <b>4-30-18</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.11, tax code) <b>sign here</b>	Date <b>4/12/18</b>

4/12

4-6-18

# 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>CHIN HSIANG SECOND LLC ( PAID BY: WALGREENS FAMILY OF COMPANIES) d</b>
	Present mailing address (number and street) <b>P.O. BOX 2909</b>
	City, town or post office, state, ZIP code <b>CUPERTINO, CA 95015-2909</b>

Legal description (or attach copy of the tax bill or tax receipt): **PLAZA DEL NORTE PH 1A LOT 1A**


<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>20406937 d</b>	<b>DATE: 4-26-18</b> <i>4/20/18</i>
	Account number of property: <b>P7400.1A.000.001A.00 d</b>	Tax receipt number: <b>OR 37494536</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	2017	01/31	/ 2018	\$ 52,563.87
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 9,213.57 d

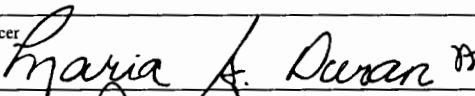
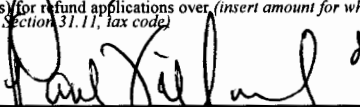
Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-3447-17-A d**

**PER ORDER PAY BY: MAY 28, 2018**

**NR**

<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	
	Authorized officer <b>sign here</b> 	Date <b>4-30-18</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>4/12/18</b> CAP 4/6-18

4/12

# 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>CAPLACO NINETEEN INC ( PAID BY: WALGREENS FAMILY OF COMPANIES)</b>
	Present mailing address (number and street) <b>11850 STUDD AVE</b>
	City, town or post office, state, ZIP code <b>SAINT LOUIS, MO 63141-6724</b>

**Step 2:  
Describe the  
property**

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

**AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: 4-25-18/18**

Address or location of property:  
**685025 \***

Account number of property:  
**S1452.00.000.0001.00** OR **37495242**

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	2017	01/31 / 2018	\$ 52,937.26	\$ 5,974.43
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 5,974.43

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-3447-17-A**

**PER ORDER PAY BY: MAY 28, 2018**

**NR**

**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: Maria A. Duran]** Date: **4-30-18**

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: Paul Hill]** Date: **4/12/18**

**4/12**  
**4-6-18**

# 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>LWAG PALMVIEW LLC ( PAID BY: WALGREENS FAMILY OF COMPANIES)</b>
	Present mailing address (number and street) <b>345 PARK AVE FL 8</b>
	City, town or post office, state, ZIP code <b>NEW YORK, NY 10154-0017</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WALGREENS-PALMVIEW LOT 1 BLK 1**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>846834</b>	DATE: <b>4-27-18</b> <i>J. C. [Signature]</i>
	Account number of property: <b>W0282.00.001.0001.00</b>	Tax receipt number: <b>OR 37494464</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	2017	01/31 / 2018	\$ 48,524.81	\$ 5,678.50
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 5,678.50

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-3447-17-A**

**PER ORDER PAY BY: MAY 28, 2018**

**NR**

<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	
	Authorized officer sign here	Date <b>4-30-18</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>4/12/18</b>

**4/12** *CHP 4-12-18*