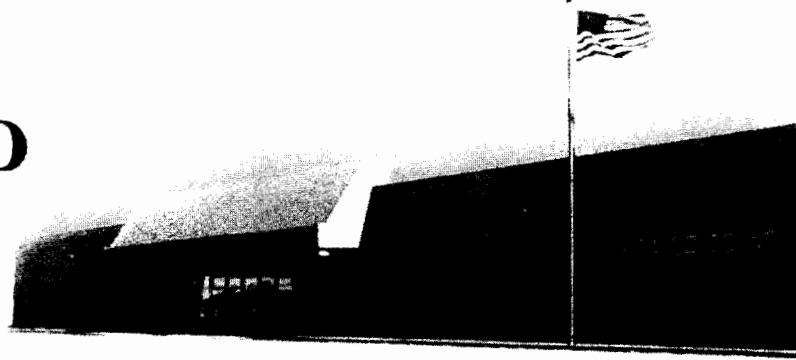


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



May 25, 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

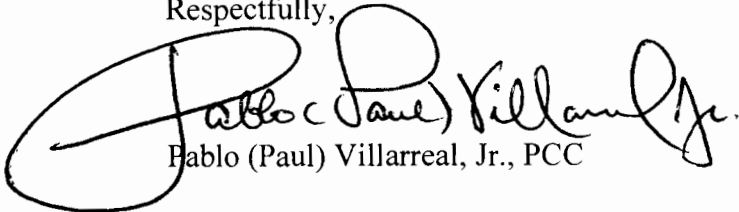
Re: See attached list

Gentlemen:

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., PCC

jcc

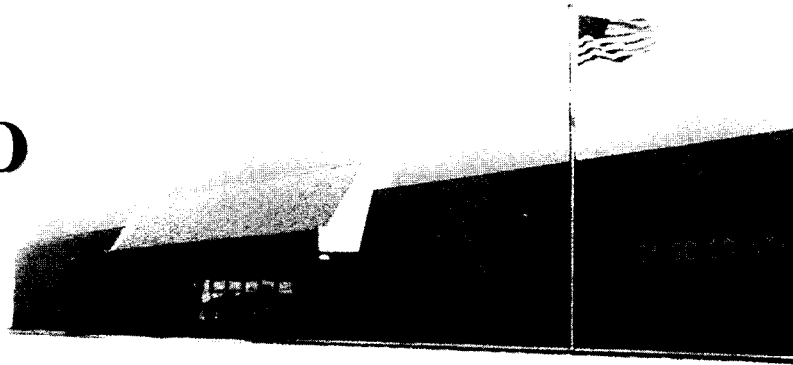
Enclosure



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  
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ACCOUNT NUMBER	PAYER	AMOUNT
C1626.01.000.0113.00	DG GG INVESTMENTS	\$4,076.00
M5200.00.158.0000.00	J&M PROPERTIES, LP	\$4,129.00
N3040.00.000.0001.00	NOLANA ST LLC	\$8,477.37



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



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/16/2018

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 5/8/18 *ch*

*RE 5-23-18  
 JLC 5/24/18*

**DG GG INVESTMENTS**  
**PO BOX 1928**  
**MISSION, TX 78503**

Account Number  
 C1626-01-000-0113-00 *+*  
 HCAD No. 654867 *+*

Legal Description of the Property  
 CARDONA AT BENTSEN LAKES PH 1 LOT 113  
 VERMONT AVE

OWNER: GAONA GLENDA *+*

*+* 2017 OVERAGE AMOUNT \$4,076.00 *+*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 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 <u>Glenda Gaona</u>	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>PO Box 1928</u>	Daytime Telephone Number <u>(952) 267 8363</u>
	City, State, Zip Code <u>MISSION TX 78573</u>	Email Address: <u>glendagaona@gmail.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2017</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	
	<input 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 <u>4076.22</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 checked="" type="checkbox"/> Transfer this amount to account <u>261626-02-000-0099-00</u> For tax year <u>2017</u>	
	<input type="checkbox"/> Escrow for next year's taxes <u>654906</u>	
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 <u>[Signature]</u>	Date of application <u>2-8-18</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: <u>Marina A. Doman</u> <sup>03</sup> <u>5-24-18</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>2/20/18</u>

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

*3/22*



**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: 02/09/2018

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 5/8/18

*Handwritten notes:*  
 R 5-27-18  
 J.C. 5/24/18

**J&M PROPERTIES, LP**  
**15001 SOUTH FIGUEROA STREET**  
**GARDENA , CA 90248**

Account Number M5200-00-158-0000-00 4
HCAD No. 239689 4
Legal Description of the Property MISSION ORIGINAL TOWNSITE BLK 158
901 N DUNLAP AVE
OWNER: JMFP 4
<b>2017 OVERAGE AMOUNT \$4,129.00</b> 4

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 <u>J&amp;M PROPERTIES, LP</u>	Relationship to Property Owner
	Mailing Address <u>15001 S FIGUEROA ST GARDENA CA 90248</u>	Daytime Telephone Number <u>(310) 4362189</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2017</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 <input 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	<u>\$ 24,721.75</u>
	Total tax, penalty, and interest amount owed for the year	<u>0</u>
	Amount of refund claimed	<u>\$ 4,129.00</u>
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	
	<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 <u>[Signature]</u>	Date of application <u>3/7/18</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: <u>Maria A. Roman</u> 5-24-18
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>3/19/18</u>

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

*Handwritten:* 3/22



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/25/2018

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: PO 3/10/18

*re 5-23-18  
 d.c 5/24/18*

**4**  
**NOLANA ST LLC**  
**4000 S BURNS DR**  
**MCALLEN, TX 78503-1382**

<b>Account Number</b> N3040-00-000-0001-00 † HCAD No. 245569 †
<b>Legal Description of the Property</b> NOLANA WEST LOT 1  2246 NOLANA AVE  OWNER: NOLANA ST LLC †
<b>2017 OVERAGE AMOUNT</b> <u>\$8,477.37</u> †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 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	<b>TAWHID SHUAIB</b>	Relationship to Property Owner	<b>President/owner</b>
	Mailing Address	<b>4000 Burns Drive S.</b>	Daytime Telephone Number	<b>956-874-7975</b>
	City, State, Zip Code	<b>MCALLEN, TX 78503</b>	Email Address:	<b>tawhidshuaib@yahoo.com</b>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <b><del>2016</del> 2017</b> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	Overpaid the account	<b>by 8,477.37</b>		
	Duplicate payment			
	Paid in error (explain)	<b>ERROR MADE BY ME &amp; I DO APOLOGIZE FOR IT.</b>		
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	<b>8,477.37</b>		
Step 5: How should the refund be processed?	Mail to Property Owner	<b>TAWHID SHUAIB</b>		
	Mail to Payer at address in Step 1	<b>YES</b>		
	Transfer this amount to account	<b>_____</b>		
	Escrow for next year's taxes	<b>_____</b>		
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	<b>Tawhid A. Shuaib</b>	Date of application	<b>4 2/12/18</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			
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <b>Maria A. Dowan</b>	Date: <b>5-24-18</b>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <b>Paul Villarreal</b>	Date: <b>3/1/18</b>

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

**4** † **3/1**