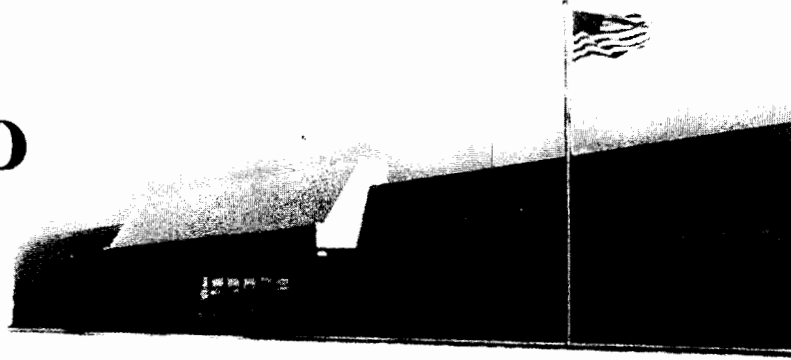


Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. R7A



JUNE 18, 2018

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

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

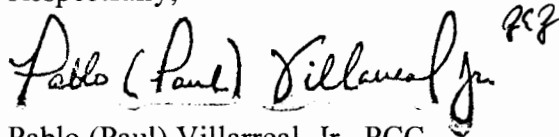
Re: See attached list

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

sp

Enclosure





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: 01/30/2018

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 6/13/18

Re 6-15-18
6/15/18

TREVINO GUSTAVO
4200 W MILE 3 RD
MISSION, TX 78574-1303

Account Number B2020-01-000-0002-00 HCAD No. 341982
Legal Description of the Property FRANCES BAZAN NO. 1 LOT 2 4200 W MILE 3 N
OWNER: TREVINO GUSTAVO
2017 OVERAGE AMOUNT \$4,054.28

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 49: LA JOYA 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>Gustavo Trevino</u>	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>4200 W mile 3 RD</u>	Daytime Telephone Number <u>956-585-2522</u>
	City, State, Zip Code <u>MISSION, TX 78574</u>	Email Address: <u>CTREVINO@PARTYICE.TXHOW.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 type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>The amount was towards Inventory Furniture + Fixtures instead of Property.</u>	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer <u>Fixtures instead of Property.</u>	
	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	
	<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>Gustavo Trevino</u>	Date of application <u>2-28-2018</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. Duran</u> Date: <u>6-15-18</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>3/28/18</u>

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

u/19

CMP
4-19-18



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

JAN 31 2018 005

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

Print Date: 12/15/2017

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 6/12/18

Rec 6-15-18 J.C. 6/15/18

Account Number C8354-00-000-0062-00 +
HCAD No. 698631 +
Legal Description of the Property COTTON ESTATES CENTRAL LOT 62
1407 ZINNIA DR
OWNER: CANTU CESAR E & OLGA L +

CORELOGIC
 3001 HACKBERRY RD
 WESTERN REGION SERVICE CENTER - DFW 4-5
 IRVING, TX 75063-015

2017 OVERAGE AMOUNT \$2,731.54 **+**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 0030399688

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

Corelogic Tax Service
Refunds Department
 P. O. Box 9202
 Coppell, TX 75019
 817-699-2601

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Property Owner
	Mailing Address	Number
	City, State, Zip Code	Email Address:
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	
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 <i>Mayra M. Deaton</i> + Date of application <u>3/23/18</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: <i>Maria A. Deaton</i> + 6-15-18
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villareal</i> + Date: <u>4/17/18</u> +

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

4/19

4-19-18



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

JAN 31 2018 028

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

Print Date: 12/15/2017

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: PO 6/12/18 *J.C. 6-15-18*

Account Number O7500-00-000-0016-00 <i>+</i> HCAD No. 252604 <i>+</i>
Legal Description of the Property ORTEGA ESTATES LOTS 16 & 17 ORTEGA CIR OWNER: CANCHE RUDY & RAQUEL A/K/A RODOLFO CANCH <i>+</i>

+
CORELOGIC
3001 HACKBERRY RD
WESTERN REGION SERVICE CENTER - DFW 4-5
IRVING, TX 75063-015

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 43: PHARR, SAN JUAN, ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

2017 OVERAGE AMOUNT \$6,500.00

Loan #: 3357438325

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

Corelogic Tax Service
Refunds Department
P. O. Box 9202
Coppell, TX 75019
817-699-2601

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Property Owner	
	Mailing Address	Phone Number	
	City, State, Zip Code	Email Address:	
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		
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 <i>+</i>		
	SIGN HERE <i>Mayra Dawson CL Agent</i>	Date of application	<u>3/23/18</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: <i>Maria A. Dawson</i>	Date: <u>6-15-18</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i>	Date: <u>4/17/18</u>

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

4/19

AMP 4-19-18



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

JAN 31 2018 043

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

Print Date: 12/15/2017

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 20 6/13/18
ll 6-15-18 J.C. 6/15/18

Account Number S3002-02-000-0009-00 † HCAD No. 622822 †
Legal Description of the Property SHARYLAND PLNTN VILLAGE SOLERA PH 2 LOT 9 2405 SOLERA DR † OWNER: LOPEZ-CASTILLO RAUL MD & MARGARITA DAVI

†
CORELOGIC
 3001 HACKBERRY RD
 WESTERN REGION SERVICE CENTER - DFW 4-5
 IRVING, TX 75063-015

2017 OVERAGE AMOUNT \$2,725.71

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 0056952179

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

Corelogic Tax Service
Refunds Department
 P. O. Box 9202
 Coppell, TX 75019
 817-699-2601
Official Address

Step 1: Identify the Payer requesting the refund if different than shown above	Name	party Owner	
	Mailing Address	: Number	
	City, State, Zip Code	Official Address	
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		
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 <i>Mayra M. Dawson CCA</i>	Date of application <u>3/23/18</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: <i>Mayra M. Dawson</i> † <u>6-15-18</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i> † Date: <u>4/17/18</u>

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

4/19

†
 4-19-18