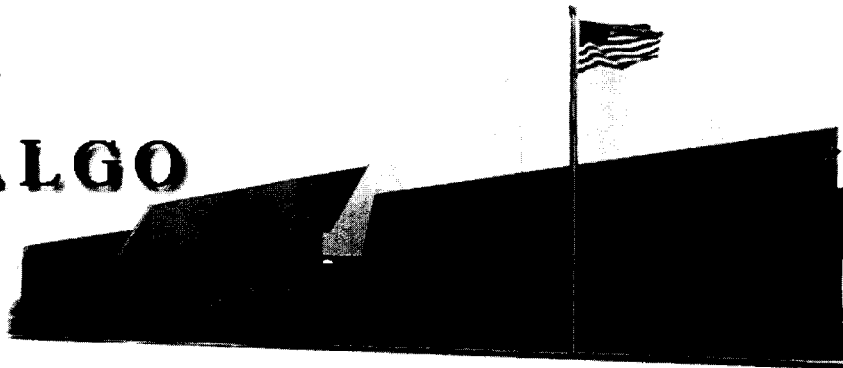


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

September 4, 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

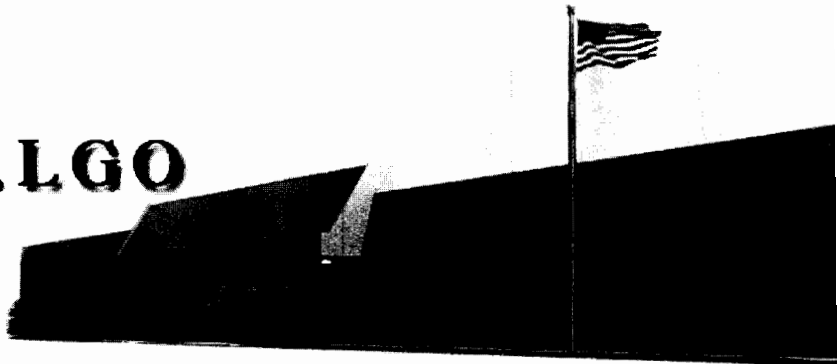
Pablo (Paul) Villarreal, Jr., PCC

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Enclosure

Office of Tax Assessor-Collector

COUNTY *of* HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

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ACCOUNT NUMBER	PAYER	AMOUNT
F3900.03.000.0069.00	CARRINGTON MORTGAGE SERVICES	\$6,940.96
M3550.00.038.0005.00	MID VALLEY PHARMACY, LLP	\$3,064.95

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 MEZA ALICIA (PAID BY: CARRINGTON MORTGAGE SERVICES) X
	Present mailing address (number and street) PO BOX 9119
	City, town or post office, state, ZIP code MISSION, TX 78572
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **FIVE MILE RD #3 LOT 69**

Step 2: Describe the property	Cust.# 42360 #11410
	Loan# 6807000131707
	Cont.# 52237041
	Address or location of property: 320 S TROSPER BLVD 175290 X
Account number of property: F3900.03.000.0069.00 X	Tax receipt number: OR 37703883,37703877

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	2015	01/31	✓ / 2018 ✓	\$ 839.02
2. ALL ENTITIES	2016	01/31	✓ / 2018 ✓	\$ 3,616.69	\$ 3,616.69 X
3. ALL ENTITIES	2017	01/31	✓ / 2018 ✓	\$ 2,485.25	\$ 2,485.25 X
4.			/	\$	\$
5.			/	\$	\$ 6,940.96 M

Taxpayer's reason for refund (attach supporting documentation): **Certified owner states payment was done in error they are responsible. Please complete application. Advise us if we should refund or apply to other account. Please mail back original signatures required for Auditors Dept.**

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 sign here Sherry James X	Date of application for tax refund 6/18/18
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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 8/28/18
	Authorized officer sign here Maxia A. Duran OS	Date 8-28-18
	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 Paul Dell X	Date 6/25/18

6/26 8/22



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

SECOND NOTICE

Print Date: 01/04/2018

MID VALLEY PHARMACY, LLP
 805 W HIGHWAY 83
 MERCEDES, TX 78570

JUN 15 2018

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 8/16/18
8-27-18
P.C.S./28/17

Account Number M3550-00-038-0005-00 HCAD No. 234180
Legal Description of the Property MERCEDES ORIGINAL TOWNSITE W 20.05' LOT 5 EXC N 72.32' & ALL LOT 6 & 7 E 1/2 LT 8 BLK 38
EXPWY 83
OWNER: CZH INVESTMENTS LLC

2017 OVERAGE AMOUNT \$3,064.95

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 28: CITY OF MERCEDES, 46: MERCEDES 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>MID-VALLEY PHARMACY</u>	Relationship to Property Owner <u>OWNER</u>
	Mailing Address <u>805 W Highway 83</u>	Daytime Telephone Number <u>956-565-4111</u>
	City, State, Zip Code <u>MERCEDES, TX 78570</u>	Email Address: <u>JRHLEH@AOL.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	<u>9095.20</u>
	Total tax, penalty, and interest amount owed for the year	<u>6030.25</u>
	Amount of refund claimed	<u>3064.95</u>
Step 5: How should the refund be processed?	<input checked="" 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>06/27/18</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. Duran</u> Date: _____
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>7/3/18</u>

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