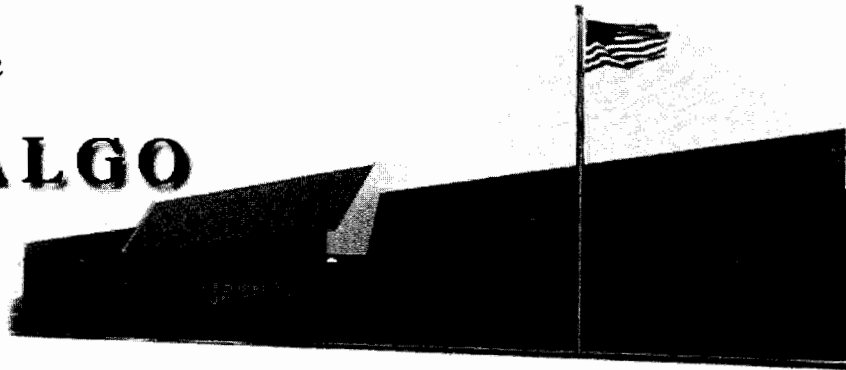


Office of Tax Assessor-Collector

**COUNTY of HIDALGO**



*Pablo "Paul" Villarreal, Jr. PCC.*

Hidalgo County Tax Assessor-Collector

January 22, 2019

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 Richard Cortez  
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*

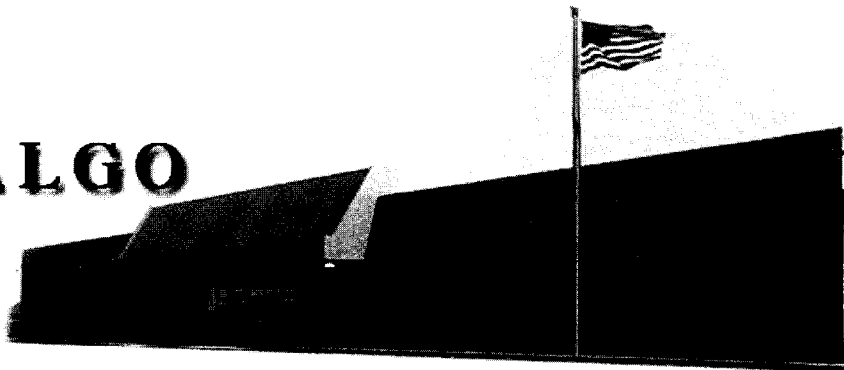
Pablo (Paul) Villarreal, Jr., PCC

br

Enclosure

*Office of Tax Assessor-Collector*

**COUNTY of HIDALGO**



*Pablo "Paul" Villarreal, Jr. PCC.*

Hidalgo County Tax Assessor-Collector

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

ACCOUNT NUMBER	PAYER	AMOUNT
D2950.02.000.0001.00	MARILEE IRWIN LIVING TRUST	\$3,795.96



**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: 11/15/2018

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 1/14/19

MARILEE IRWIN LIVING TRUST  
 DATED AUGUST 14, 1992  
 1221 JONES ST #7B  
 SAN FRANCISCO, CA 94109

Account Number D2950-02-000-0001-00	*
HCAD No. 544219	*
Legal Description of the Property DEL ORO UT 2 LOT 1	
7113 N 10TH ST	
OWNER: IRWIN MARILEE TRUSTEE	
<b>2018 OVERAGE AMOUNT</b>	<b>\$3,795.96</b>

1-14-19 ll  
 d.c. 1/12/19

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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>(415) 308-0397</u>
	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>2018 Consolidated Property Tax</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>\$45,973.32</u>	
	Total tax, penalty, and interest amount owed for the year <u>42,177.36</u>	
	Amount of refund claimed <u>3795.96</u>	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input 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>Marilee Irwin</u>	Date of application <u>11/27/18</u>
AUDITORS USE ONLY:	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	
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Patricia A. Duran</u> Date: <u>11/17/18</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>12/13/18</u>

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

12/18

12/13/18