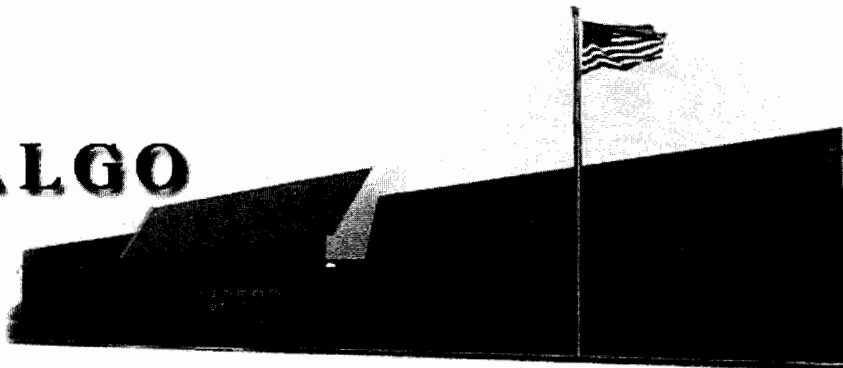


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

January 28, 2019

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

The Honorable Richard Cortez
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. 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

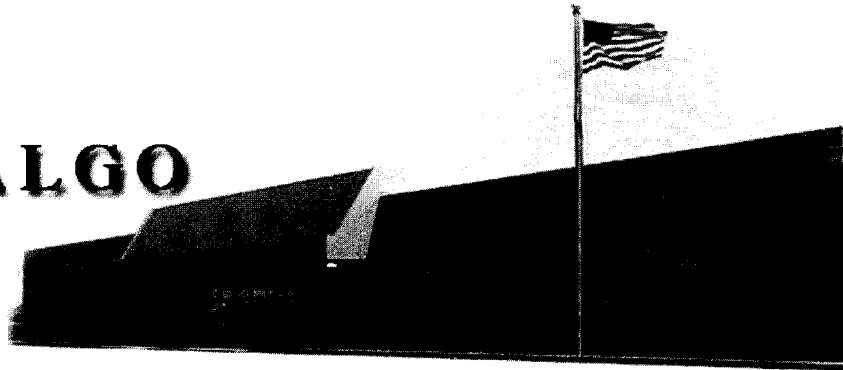
Pablo (Paul) Villarreal, Jr., PCC

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Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

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ACCOUNT NUMBER	PAYER	AMOUNT
B2869.99.000.0003.00	COLLEGE OF HEALTH PROFESSIONAL	\$9,261.76

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 COLLEGE OF HEALTH PROFESSIONAL THE EMPOWERMENT SCHOOL HEALTHCARE LTD
	Present mailing address (number and street) 2550 N LOOP WEST SUITE #300
	City, town or post office, state, ZIP code HOUSTON, TX 77092


Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIES AT 1917 NOLANA AVE STE 100 (FOR FFE SEE M1950.99.000.0000.OO)/NEW ACCT 2006**

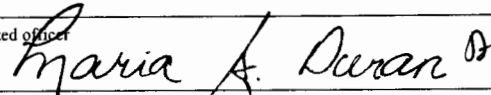
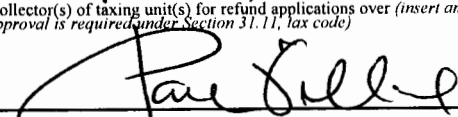
Step 2: Describe the property	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Address or location of property: 1018827 A	DATE: 1/24/19
	Account number of property: B2869.99.000.0003.00 A	OR 33366945
	Tax receipt number:	

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	2016	12/16	/ 2016	\$ 9,676.62
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 9,261.76 A

Taxpayer's reason for refund (attach supporting documentation): **(SUPPLEMENT 3: SOME PERSONAL PROPERTY DAW M1950-99-000-0000-OO) PAYOFF ACCT #1018827 \$579.23 REFUND DIFFERENCE \$8,682.53 BR**

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 	Date of application for tax refund 1-25-19

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	
	Authorized officer sign here 	Date 1-25-19
	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) sign here 	Date 1/10/19

1/114

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