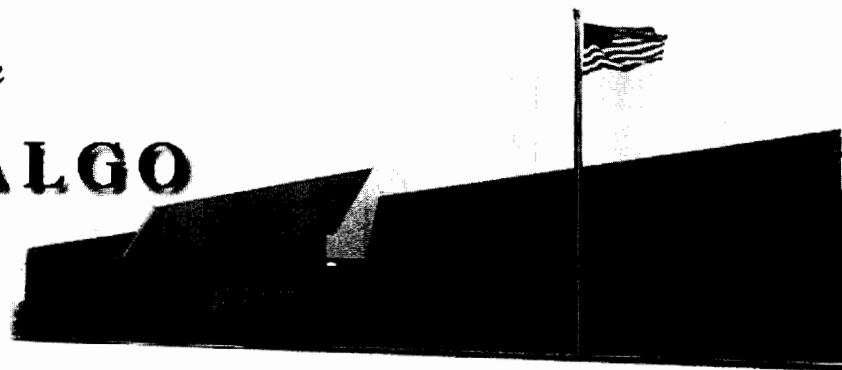


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

March 22, 2019

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

The Honorable Richard F. Cortez
Hidalgo County Commissioners
Edinburg, Texas 78539

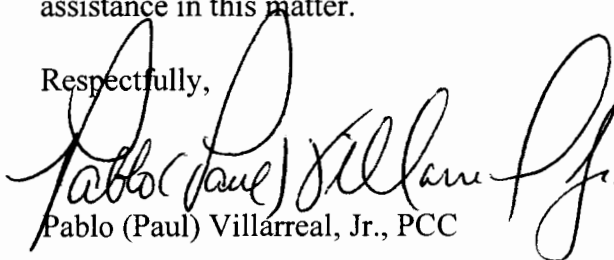
Re: See attached list

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,

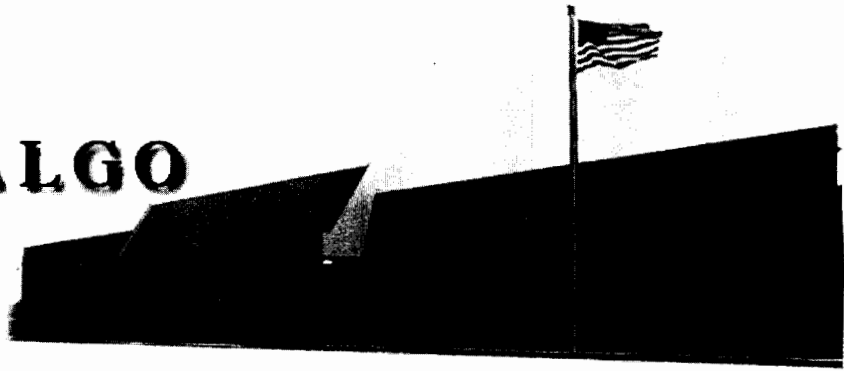

Pablo (Paul) Villarreal, Jr., PCC

sp

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
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ACCOUNT NUMBER	PAYER	AMOUNT
J5700.00.001.0014.08	TEXAS NATIONAL BANK	\$3,387.04
K2400.00.000.0141.01	K.E. ANDREWS & CO	\$20,045.92
N3400.00.000.2475.00	REPUBLIC TITLE OF TEXAS	\$5,837.77

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S 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	DATE: 03-20-2019	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	3-21-19	

To apply for a tax refund, the taxpayer must complete the following

Step 1:

Owner's name **+**
CANTU GILBERTO & MARICRUZ (PD BY: TEXAS NATIONAL BANK)

Present mailing address (number and street)
2721 E ALBERTA RD

City, town or post office, state, ZIP code
EDINBURG, TX 78542-2532

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **JOHN CLOSNER W5.00AC-E10AC-S20.00AC LOT 14 BLK 1 5.00AC GR 4.82AC NET 2017 G.C. (G0136-00)**

Step 2:

Describe the property

Address or location of property:

515416 +

Account number of property: **J5700.00.001.0014.08 +**

Tax receipt number: **OR 39763876**

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	2017 +	01/08 / 2019	\$ 3,387.04	\$ 3,387.04
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$ TOTAL	\$ 3,387.04 +

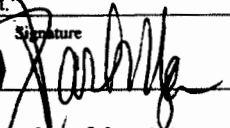
Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR TAXPAYER NOT RESPONSIBLE TO PAY ON THIS ACCT APPLY REFUND TO ACCT. #1073325**

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."

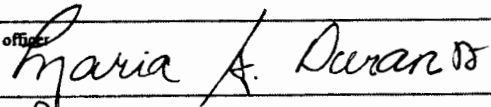
Signature **+**  Date of application for tax refund **2/8/19**

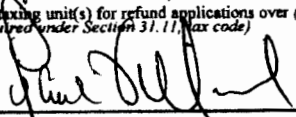
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

Step 5:

Tax refund Determination

This tax refund is Approved Disapproved

Authorized officer: **+**  Date **3-21-19**

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) **+**  Date **2/9/19**

2/25

67-2-19-19

APPLICATION FOR TAX REFUND

AUDITED BY: THE HIDALGO

Collection office name HIDALGO COUNTY TAX OFFICE	COUNTY AUDITOR'S OFFICE DATE: <i>03-20-2019</i>	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	<i>3-21-19</i>	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	<i>RC 3/21/19</i>	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 PEACE & THORNTON PARTNERSHIP COMPOSED OF W B & G W BRENT & JOHN TH PD BY: K.E. ANDREWS & CO
	Present mailing address (number and street) PO BOX 184
	City, town or post office, state, ZIP code MCALLEN, TX 78505-0184

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARRTRACT W10AC -N20AC EXC 4.95AC**

Step 2: Describe the property	IRR TRS E391.90' W531.82' S510' & EXC 1.44AC US HWY 281 R/O/W LOT 141 3.61AC NET	
	Address or location of property: 202494	
	Account number of property: K2400.00.000.0141.01	Tax receipt number: OR 39774418

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	2018	12/28	/ 18	\$ 20,045.92
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 20,045.92

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. REFUND DUE BACK TO KE ANDREWS & CO. MM**

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 <i>[Signature]</i>	Date of application for tax refund 2/13/2019

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 office <i>[Signature]</i>	Date 3-21-19
	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) <i>[Signature]</i>	Date 2/21/19

2/25

2-21-19

APPLICATION FOR TAX REFUND

AUDITED BY: THE HIDALGO

Collection office name HIDALGO COUNTY TAX OFFICE	COUNTY AUDITOR'S OFFICE DATE: <u>03-20-2019</u>	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	<u>3-21-19</u> <u>DC 3/21/19</u>	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

To apply for a tax refund, the taxpayer must complete the following

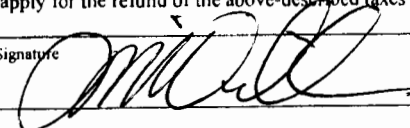
Step 1: Owner's name and address	Owner's name MIDNIGHT SUN INC VI (PAID BY: REPUBLIC TITLE OF TEXAS)
	Present mailing address (number and street) 2515 MCKINNEY AVE STE 800
	City, town or post office, state, ZIP code DALLAS, TX 75201-1980

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): NORTH CAPISALLO-BLKS
	Address or location of property: MILE 17 N E OF LEVY
	246649 †
	Account number of property: N3400.00.000.2475.00 † OR Tax receipt number: 39411898

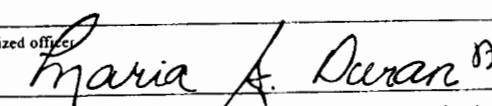
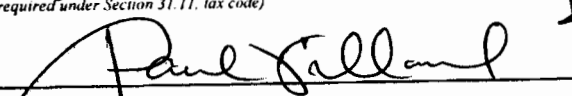
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2018 †	12/21	/ 2018	\$ 5,837.77
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 5,837.77 †

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR RETURN FUNDS TO REPUBLIC TITLE OF TEXAS**

SP.

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  †	Date of application for tax refund 2-13-2019

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 3-21-19
	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 2/21/19

2/25

2-21-19