

Office of Tax Assessor-Collector

# COUNTY of HIDALGO



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

Hidalgo County Tax Assessor-Collector

April 15, 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 F. Cortez  
Hidalgo County Commissioners  
Edinburg, Texas 78539

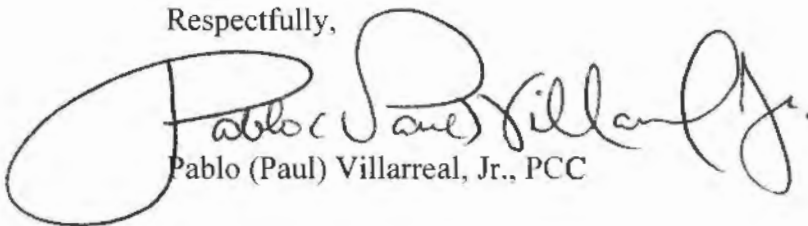
Re: See attached list

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  
Ph. (956) 318-2157  
Fax (956) 318-2733  
[www.hidalgocountytax.org](http://www.hidalgocountytax.org)

ACCOUNT NUMBER	PAYER	AMOUNT
C9462.01.00B.0008.00	RENAISSANCE SPECIALTY SURGERY	\$6,161.48
I2011.00.00A.0001.00	TEXAS NATIONAL BANK	\$3,115.18
K7500.82.256.0500.00	VERNON E FAULCONER INC	\$3,301.72
L0250.00.034.0000.03	L & M COMPANIES INC	\$5,891.68
S6924.99.000.0001.01	DORA GALLEGOS	\$2,559.64
T0945.21.000.0067.00	JUAN J PENA & JESUS R CARLOS	\$2,948.25



2804 S. Bus. Hwy 281 • Edinburg, TX 78539



**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: 01/31/2019

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE

DATE: 3/27/19 *MR*

*4-5-19*

*all  
P. 4/5/19*

RENAISSANCE SPECIALTY SURGERY *+*  
 PO BOX 3293  
 MCALLEN, TX 78502

Account Number C9462-01-00B-0008-00 <i>+</i>
HCAD No. 669346 <i>+</i>
Legal Description of the Property CROSSPOINT BUSINESS CENTER CONDOS PH 1 UNIT 8 BLDG B - AMENDED  2707 W TRENTON RD
OWNER: ORFANOS JOHN G MD <i>+</i>

2018 OVERAGE AMOUNT \$6,161.48 *+*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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. Nolarized 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
	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</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 checked="" 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>6,161.48</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>6,161.48</u>
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>[Signature]</i>	Date of application <u>2/21/19</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 J. Dooan</i> <u>4-5-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> <u>3/4/19</u>

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

*3/6*

*3/6/19*



**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: 01/10/2019

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**

DATE: 03-22-2019 *ML*

*4-5-19 RL*

*P. G. / 5/19*

**TEXAS NATIONAL BANK †**  
**4908 S JACKSON**  
**EDINBURG, TX 78539**

<b>Account Number</b> I2011-00-00A-0001-00 † HCAD No. 196731 †
<b>Legal Description of the Property</b> IDELA PARK CONDOMINIUMS AMNDED BLDG A UNIT 1 THRU UNIT 10  4801 S 24TH ST  OWNER: MATUS OBED SR & YOLANDA E TRST †
<b>2018 OVERAGE AMOUNT</b> \$3,115.18 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 120219

**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 <i>Texas National Bank</i>	Relationship to Property Owner
	Mailing Address <i>4908 S Jackson</i>	Daytime Telephone Number
	City, State, Zip Code <i>Edinburg TX 78539</i>	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</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 checked="" 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	<i>\$ 3,115.18</i>
	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>[Signature]</i> †	Date of application <i>2/20/19</i>
	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>[Signature]</i> Date: <i>4-5-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3/4/19</i>

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

*3/6*

*CAP 3/6/19*



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

**TYLER-ACCT.**

**FEB 18 2019**

**Phone No.: (956) 318-2157**

**Fax No.: 956-318-2733**

**Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG**

**Print Date: 02/01/2019**

**VERNON E FAULCONER INC**  
**OPERATING ACCOUNT**  
**PO BOX 8150**  
**TYLER, TX 75711**

*HCTO*

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**

**DATE: 3/28/19**

*4-5-19  
A. C. Williams*

<b>Account Number</b> K7500-82-256-0500-004 HCAD No. 7372874
<b>Legal Description of the Property</b> K7500.HAMMAN -A-FAULCONER, VERNON E., WL, 769566
<b>OWNER: FAULCONER VERNON E INC</b>
<b>2018 OVERAGE AMOUNT \$3,301.724</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 41: EDINBURG CISD, 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

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year _____ and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input checked="" type="checkbox"/> Overpaid the account	<i>No Refund - Payment Slips were omitted when original payment was sent</i>
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> 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	<i>44,238.60</i>
	Amount of refund claimed	<i>3301.72</i>
<b>Step 5: How should the refund be processed?</b>	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	<i>756734</i>
	Transfer this amount to account	<i>0633083000408200 For tax year 2018</i>
	<del>Escrow for next year's taxes</del>	<i>A650082000408200, N0390820009885-00</i>
<b>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</b>	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	
	<b>SIGN HERE</b> <i>Diane Burnett</i>	Date of application <i>2-19-19</i>
	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	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Maria A. Duran</i> Date: <i>4-5-19</i>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: <i>3/4/19</i>

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

*3/6*

*3/6/19*



**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: 01/14/2019

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: 3/28/19

*ll 4-5-19*  
*J 4/5/19*

**L & M COMPANIES INC**  
**2925 HUNTLEIGH DR STE 204**  
**RALEIGH, NC 27604-3374**

Account Number L0250-00-034-0000-03 + HCAD No. 205997 +
Legal Description of the Property LOTT, TOWN & IMPROVEMENTS S407.38'-N868.27'EXC 0.50AC-IMPS BLK 34 8.59AC NET  GOOLIE RD OWNER: L & M COMPANIES INC +
<b>2018 OVERAGE AMOUNT \$5,891.68 +</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

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
	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</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 <i>We calculated amount due incorrectly</i>	
	<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>8,837.52</u>
	Total tax, penalty, and interest amount owed for the year	<u>2,945.84</u>
	Amount of refund claimed	<u>5,891.68</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 <i>RM C. HIT</i> A	Date of application <u>2-15-19</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 <i>Marina A. Decaria</i> Date: <u>4-5-19</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Paul Villarreal</i> Date: <u>3/4/19</u> +	

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

# APPLICATION FOR TAX REFUND

Collection office name  
**HIDALGO COUNTY TAX OFFICE**

Present mailing address (number and street)  
**P O BOX 178**

City, town or post office, state, ZIP code  
**EDINBURG TX 78540-0178**

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

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  
**VALLEY LAND TITLE CO PAID BY: DORA GALLEGOS**

Present mailing address (number and street)  
**216 MAYBERRY**

City, town or post office, state, ZIP code  
**PHARR, TX 78577**

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**

**DATE: 04/01/2019**  
 4-5-19 *ll* 2/25/19

Phone (area code and number)

**Step 2: Describe the property**

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES**

**EQUIPMENT & VEH AT 6013 N 10<sup>TH</sup> ST/NEW ACCT 2015**

Address or location of property:  
**962553**

Account number of property: **S6924.99.000.0001.01** OR **40077786**

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	2018	01/23	\$ 2,559.64	\$ 2,559.64
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 2,559.64

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. APPLY TO CORRECT**

**ACCT# 20828066**

**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."

sign here *D Gallegos* **Signature** **Date of application for tax refund**  
**02/18/2019**

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  Approved  Disapproved

sign here *Maria A. Duran* **Authorized officer** **Date**  
**4-5-19**

sign here *Paul Gilliland* **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**  
**2/24/19**  
**2/25**

*2-21-19*



**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: 02/01/2019

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE

DATE: 03-22-2019 *llh*

*4-5-19 llh*  
*SL 4/5/19*

JUAN J PENA *+*  
 JESUS R CARLOS  
 P O BOX 964  
 MISSION, TX 78573

Account Number T0945-21-000-0067-00 <i>+</i> HCAD No. 721621 <i>+</i>
Legal Description of the Property TAURUS ESTATES NO. 21 LOT 67  17723 EL CONEJO DR  OWNER: REYNA GLORIA NINFA <i>+</i>
2018 OVERAGE AMOUNT \$2,948.25 <i>+</i>

1: HIDALGO COUNTY, 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 <i>Juan J Peña, Jesus R Carlos</i>	Relationship to Property Owner <i>Lien Holder</i>
	Mailing Address <i>P.O. BOX 964</i>	Daytime Telephone Number <i>956-227-3215</i>
	City, State, Zip Code <i>Mission, TX 78573</i>	Email Address: <i>pena.juan1@gmail.com</i>
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</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 <i>Paid Several Accounts with a check</i>	
	<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	<i>2948.25</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>2948.25</i>
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>[Signature]</i> <i>+</i>	Date of application <i>2/14/19</i>
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 <i>Maria A. Duran 4-5-19</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>[Signature]</i> <i>+</i> Date: <i>3/4/19</i>	

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

*3/6*

*CA 3/6/19*