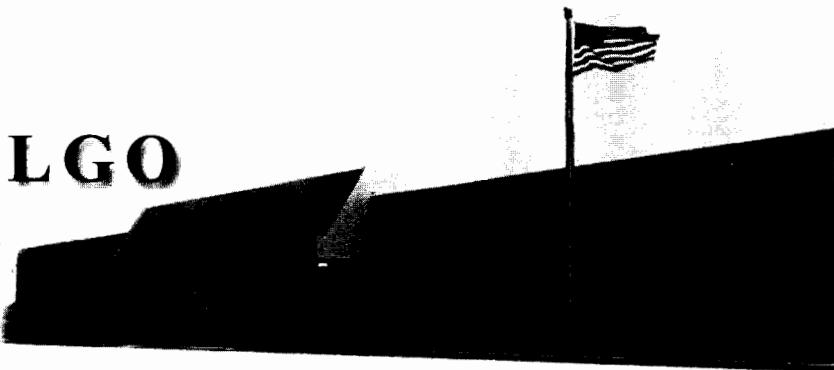


Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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

June 3, 2019

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

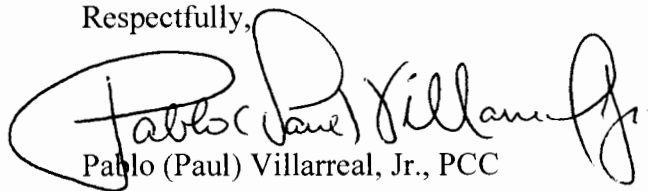
Re: See attached list

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

BG

Enclosure





**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: 03/22/2019

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
**DATE: 5/30/19**

*5-31-19*  
*8/5/19*

**TEJAS EQUIPMENT RENTALS**  
**6380 RANDOLPH BLVD**  
**SAN ANTONIO, TX 78233**

Account Number H0850-99-002-0025-22
HCAD No. 1074076
Legal Description of the Property INVENTORY FURNITURE FIXTURES & EQUIPMENT AT 1221 N 23RD STREET / NEW ACCT 2017
1221 N 23RD STREET 78501
OWNER: TEJAS EQUIPMENT RENTALS
<b>2018 OVERAGE AMOUNT \$3,621.04</b>

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 <i>Tejas Equipment Rental</i>	Relationship to Property Owner
	Mailing Address <i>6380 Randolph Blvd.</i>	Daytime Telephone Number <i>210-590-2445</i>
	City, State, Zip Code <i>San Antonio, TX.</i>	Email Address: <i>janice@tejasequipment.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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	<i>Received invoice in Nov. '18 and paid to Pablo Villarreal e. also to Hidalgo Co.</i>
	<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>7242.08</i>
	Total tax, penalty, and interest amount owed for the year	<i>3621.04</i>
	Amount of refund claimed	<i>\$3,621.04</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>	Date of application <i>4/1/19</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	Date: <i>5-31-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i>	Date: <i>4/11/19</i>

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

*4/23*

*4-12-19*



**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: 03/07/2016

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE

DATE: 5/29/19 MR

SUR-MEX PICKLES LLC *f*  
 PO BOX 1539  
 PROGRESO, TX 78579

*5-31-19 R*  
*JCS/31/19*

Account Number J1800-01-44A-0002-33 <i>f</i> HCAD No. 729998 <i>f</i>
Legal Description of the Property JTY DE BALLI AN IRR TR W538.30'-S985.44'-N3930.89' & AN IRR TR E119.81'-W538.30'-S1222.83'-N2945.45' LOT ABST 54 13.93 AC NET
1 /3 MILE E OF FM 1015 OWNER: PROGRESO LAND HOLDINGS LLC <i>f</i>
<b>2015 OVERAGE AMOUNT \$7,602.01</b> <i>f</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 50: PROGRESO 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>SURMEX PICKLE LLC</i>	Relationship to Property Owner <i>PARTNER</i>
	Mailing Address <i>P.O. BOX 1539</i>	Daytime Telephone Number <i>956 825 7120</i>
	City, State, Zip Code <i>PROGRESO, TX 78579</i>	Email Address: <i>fgonzales@surmexpickle.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>2015</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 type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <i>I MISTAKENLY PAID TWICE</i>	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer <i>7602.01</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>3-28-19</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>Maria A. Duran</i> Date: <i>5-31-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>4/22/19</i>

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

*4123*

*423-19*



**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: 02/08/2019

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: PO 5/29/19

RES-3/1/19  
PCS/3/1/19

+

**MCMED OFFICES LLC**  
**2000 S DANA DR**  
**PHARR, TX 78577-6779**

<b>Account Number</b> M3247-00-000-000B-00 HCAD No. 730573
<b>Legal Description of the Property</b> MED PLEX SOUTH LOT B  2001 S CYNTHIA ST  OWNER: MCMED OFFICES LLC

**2018 OVERAGE AMOUNT \$4,671.24**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 43: PHARR,SAN JUAN,ALAMO 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>Ambrosio Hernandez</u>		Relationship to Property Owner	<u>Managing Partner</u>
	Mailing Address	<u>2000 DANA DR.</u>		Daytime Telephone Number	<u>254 648 4019</u>
	City, State, Zip Code	<u>Pharr, TX. 78577</u>		Email Address:	<u>Josephmatthew2004@gmail.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>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 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>52,971.59</u>			
	Total tax, penalty, and interest amount owed for the year	<u>.00</u>			
	Amount of refund claimed	<u>4,671.24</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				
	<b>SIGN HERE</b>	<u>[Signature]</u>		Date of application	<u>2/2/19</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: <u>Maria A. Duran</u>	Date:	<u>5-31-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>Paul Villarreal</u>	Date:	<u>4/14/19</u>

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

+

4/23

4-12-19



**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: 02/04/2019

**RECEIVED**  
**APR 22 2019**  
 Hidalgo County Tax Office  
 Collections Department

**LILA-TESS INVESTMENTS LTD**  
 2321 ORANGE ST  
 MISSION, TX 78574-2425

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 5/30/19

Account Number W0100-00-023-0007-02 HCAD No. 316864	Legal Description of the Property WEST ADDN. TO SHARYLAND 1 AC -NW COR -N 5.13 AC -W 1/2 LOT 23-7 1928 N CONWAY AVE OWNER: LILA-TESS INVESTMENTS LTD
2018 OVERAGE AMOUNT <b>\$2,500.00</b>	
Loan #: _____	

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 44: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

**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>(956) 655-6065</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</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>21,532.76</u>
	Total tax, penalty, and interest amount owed for the year	<u>0</u>
	Amount of refund claimed	<u>2500.00</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>Rosantina / Pres &amp;</u>	Date of application <u>4/22/2019</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: <u>5-31-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Hill</u> Date: <u>4/29/19</u>

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

4/24/19



**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: 02/05/2018

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**  
 DATE: 5/29/19 MR  
5-31-19 RL  
AC 5/31/19

ELEMENT VEHICLE MANAGEMENT SERVICES  
 940 RIDGEBROOK ROAD  
 SPARKS, MD 21152

Account Number W2300-99-000-0000.65 <u>+</u> HCAD No. 322258 <u>+</u>
Legal Description of the Property LEASED VEHICLES AT SWL & CWL  VAR LOC @ SWL & CWL
OWNER: D L PETERSON TRUST <u>+</u>

2017 OVERAGE AMOUNT \$26,891.18 +

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO 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>DL Peterson Trust</u>	Relationship to Property Owner <u>Team Lead</u>
	Mailing Address <u>PO Box 13085</u>	Daytime Telephone Number <u>410-771-2994</u>
	City, State, Zip Code <u>Baltimore MD 21203</u>	Email Address: <u>Hshahzad@elementcorp.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>\$ 103,460.18</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 26,891.18</u>
Step 5: How should the refund be processed?	<input 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>[Signature]</u>	Date of application <u>4-8-19</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: <u>[Signature]</u> Date: <u>5-31-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/22/19</u>

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

4/23

4-23-19