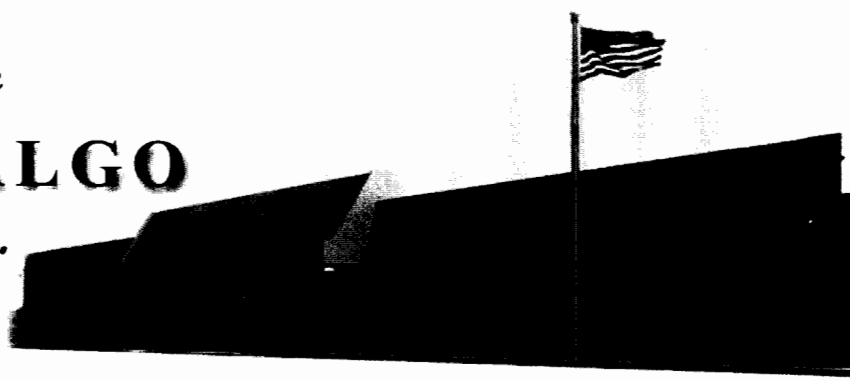


Office of Tax Assessor-Collector

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

November 12, 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

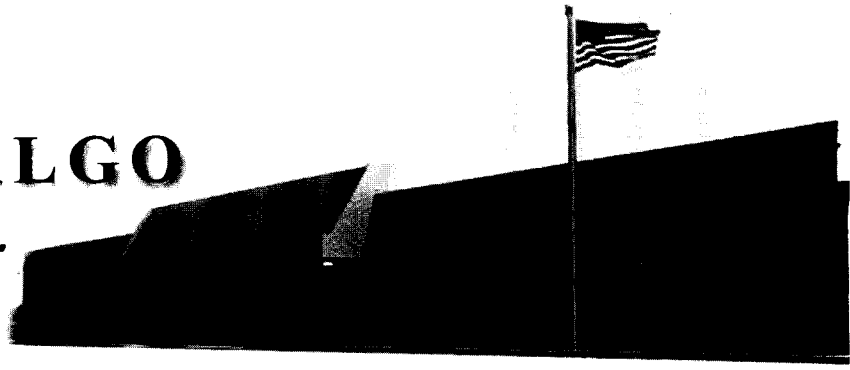
BG

Enclosure

Office of Tax Assessor-Collector

COUNTY *of* HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER	PAYER	AMOUNT
C2248.02.000.0002.00	RMH FRANCHISE CORPORATION	\$2,569.46
I4010.01.000.0003.00	LERETA LLC	\$37,446.49
Q0910.00.000.0016.00	CORELOGIC	\$8,724.20



FABLO (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: 08/12/2019

RMH FRANCHISE CORPORATION
2021 PINE LAKE ROAD SUITE 100
LINCOLN, NE 68512

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 10/11/19
10-31-19

Account Number: C2248-02-000-0002-00
HCAD No. 728717
Legal Description of the Property: CASH NIX ADDITION PH 2 LOT 2 & 3
1829 W EXPWY 83
OWNER: CUSTER J SCOTT & TINA
2018 OVERAGE AMOUNT \$2,569.46

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.

Step 1: Identify the Payer (RMH Franchise Corp, Lessee)
Step 2: Refunds are only issued to party that paid taxes. I paid the taxes for year \$172,046.86
Step 3: Mark the reason for the refund (Overpaid the account)
Step 4: Provide payment information (Total amount paid \$172,046.86, Amount of refund claimed \$2,569.46)
Step 5: How should the refund be processed? (Mail to Payer at address in Step 1)
Step 6: Sign the application form (Signed by Maria A. Durango, Date 9/15/19)
AUDITORS USE ONLY: Approved
TAX OFFICE USE ONLY: Approved

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	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 FIRST CHRISTIAN CHURCH PAID BY: LERETA LLC
	Present mailing address (number and street) DISIPLES OF CHRIST 1400 N 10TH ST
	City, town or post office, state, ZIP code MCALLEN, TX 78501-4359

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INDUSTRIAL MEDICAL PLAZA PH 1 LOT 3**

Step 2: Describe the property	Address or location of property:
	643513 4
	Account number of property: 14010.01.000.0003.00 4
	Tax receipt number: 33419113,36381969,39276035

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	12/19	14 2016	\$ 12,504.73 4	\$ 12,504.73
2. ALL ENTITIES	2017	12/19	14 2017	\$ 12,526.57 4	\$ 12,526.57	
3. ALL ENTITIES	2018	12/14	14 2018	\$ 12,415.19 4	\$ 12,415.19	
4.			/	\$	\$	
5.			/	\$ TOTAL	\$ 37,446.49	

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. AS PER LERETA**

A FULL REFUND SHOULD BE MAILED BACK TO THEM.

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 Signature <i>Inglan Jolley 4</i>	Date of application for tax refund 10-8-19

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>11/6/2019</u> <i>llh</i>
	sign here Authorized officer <i>Maria A. Duran</i>	Date 11-7-19 llh
	sign here Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.11, tax code <i>Pam Tillman 4</i>	Date 10/11/19

10/11

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

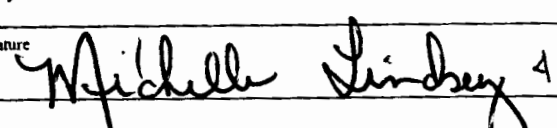
Step 1: Owner's name and address	Owner's name AKINDAYOMI AKINLOYE & ESTHER O (PAID BY: CORELOGIC)
	Present mailing address (number and street) 3700 S SONORA
	City, town or post office, state, ZIP code EDINBURG, TX 78539
	Phone (area code and number)

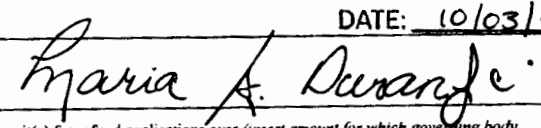

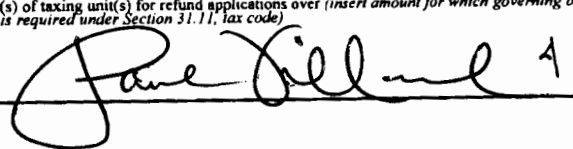
Legal description (or attach copy of the tax bill or tax receipt): **QUAIL CROSSING LOT 16**

Step 2: Describe the property	Address or location of property: 2604 DENTON CREEK AVE
	706592 A
	Account number of property: Q0910.00.000.0016.00 A
	Tax receipt number: OR 39277790

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 A	12/14	/ 2018	\$ 8,724.20
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 8,724.20

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR/RETURN FUNDS TO CORELOGIC 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."	
	sign here 	Date of application for tax refund 8/29/19
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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	sign here 		DATE: 10/03/2019 	
	sign here 		DATE: 11/5/19	
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: 9/9/19	

9/10 