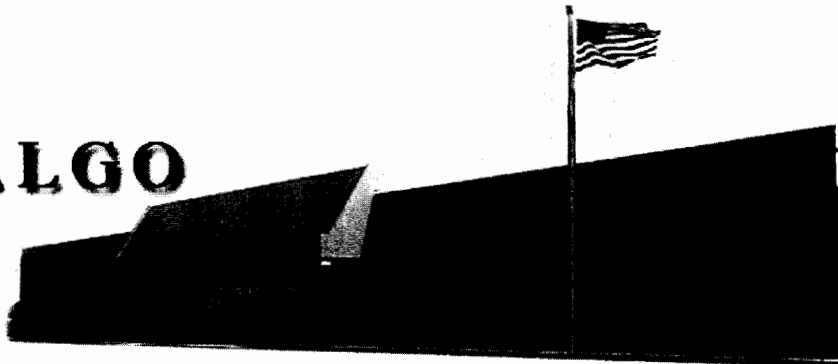


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector
March 13, 2020

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

BG

Enclosure

ACCOUNT NUMBER	PAYER	AMOUNT
B4240-01-000-0005-00 ✓	FAY SERVICING ✓	\$3,893.79 ✓
M0570-00-000-0003-00 ✓	ACCUMATCH ✓	\$4,411.99 ✓
S5443-00-000-0124-00 ✓	VANTAGE BANK ✓	\$3,428.05 ✓
Y4500-00-001-0001-00 ✓	BROWNIES FEED & SEED CO ✓	\$8,316.47 ✓

REVIEWED BY: CRYSTAL PUENTE Crystal Puente
 DATE: 3/18/2020
 APPROVED FOR AGENDA POSTING yes



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

50156825

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 11/08/2019

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: PO 2/11/2020

PO 3-2-20
J. L. 2/2/2020

FAY SERVICING
ON BEHALF OF FAY-75440
1123 S PARK VIEW DR
COVINA, CA 91724

Account Number B4240-01-000-0005-00 † HCAD No. 687139 †
Legal Description of the Property BRIDGE CROSSING PH 1 LOT 5 709 ZELMA ST
OWNER: SALINAS ISMAEL JR †
2019 OVERAGE AMOUNT \$3,893.79 †

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>Fay Servicing c/o Lereta LLC</u>	Relationship to Property Owner
	Mailing Address <u>1123 Parkview Dr.</u>	Daytime Telephone Number <u>(800) 537-3821</u>
	City, State, Zip Code <u>Covina, CA 91724</u>	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 _____ 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	
	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 <u>1/8/2020</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>[Signature]</i> Date: <u>3-2-20</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>1/22/2020</u>

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

1/29 †
1/24/2020
1/24/2020



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: 12/27/2019

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 2/26/20 MR

*3-2-20 @
 Py 1/3/2020*

ACCUMATCH †
 2711 LBJ FWY
 STE 1065
 DALLAS, TX 75234

Account Number M0570-00-000-0003-00 † HCAD No. 226865 †
Legal Description of the Property MAIN PLACE LOT 3 1812 S 16TH ST
OWNER: TCP MAIN PLACE PARTNERS LP †
2019 OVERAGE AMOUNT \$4,411.99 †

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 <u>Accumatch</u>	Relationship to Property Owner <u>Tax Service Company</u>
	Mailing Address <u>2711 LBJ Fwy # 1065</u>	Daytime Telephone Number <u>214-888-6959</u>
	City, State, Zip Code <u>Dallas Tx 75234</u>	Email Address: <u>refunds@accumatch.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>2019</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>\$38,517.16</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 4,411.99</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 <u>Homer Berthel †</u>	Date of application <u>01/16/2020</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	By: <u>[Signature]</u> Date: <u>3-2-20</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>1-30-2020</u>

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

2/3 †

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-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 RASURO LLC PAID BY: VANTAGE BANK #
	Present mailing address (number and street) 4708 TYLER AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78503-8125

Phone (area code and number)

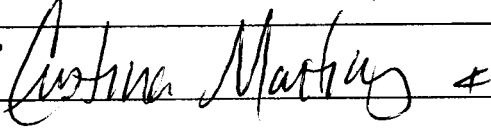
Legal description (or attach copy of the tax bill or tax receipt): **SPRAGUE VILLAGE LOT 124**

Step 2: Describe the property	Address or location of property: 1181505 #
	Account number of property: S5443.00.000.0124.00 #
	Tax receipt number: OR 42285268

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	2019	12/17 / 19	\$ 3,428.05	\$ 3,428.05
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,428.05 #

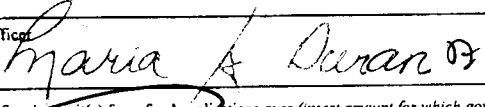
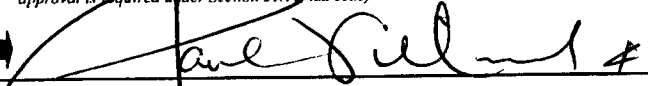
Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR.**

AS PER VANTAGE BANK THEY HAVE NO INTEREST TO PAY ON THIS ACCOUNT REFUND DUE BACK TO VANTAGE BANK. 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 sign here  #	Date of application for tax refund 1/9/2020 #

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **2-21-2020 JG**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized official sign here  #	Date 3-1-20
	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 1/20/2025

1/29

CRP 12/4/2020

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 FRITTS LIMITED PARTNERSHIP PAID BY: BROWNIES FEED & SEED CO #
	Present mailing address (number and street) 315 VICTORIA AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78503-3022


Phone (area code and number)
956-821-7676

Legal description (or attach copy of the tax bill or tax receipt): **YOUNGS LOTS 1 TO 4 BLK 1**

Step 2: Describe the property	Address or location of property:
	331744 #
	Account number of property: Y4500.00.001.0001.00 #
	Tax receipt number: OR 42595992

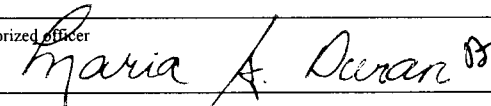
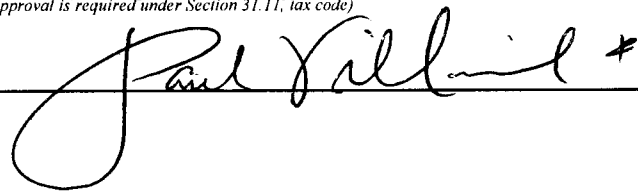
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2019	1/31	/ 2019	\$ 8,316.47
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 8,316.47 #

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. Taxpayer paid full amount instead of paying 1/2 & 1/2 with co-owner. Refund due back to Brownie Feed & Seed CO, Inc. New payments have been submitted. BG**

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 1/13/2020 #

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.

AUDITED BY: THE HIDALGO COUNTY AUDITORS OFFICE
DATE: **2-21-2020 JG**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here  # Authorized officer	Date 3-2-20
	sign here  # 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 1/17/2020 # 1/29

2-26-20
J. C. [Signature]

1/24/2020