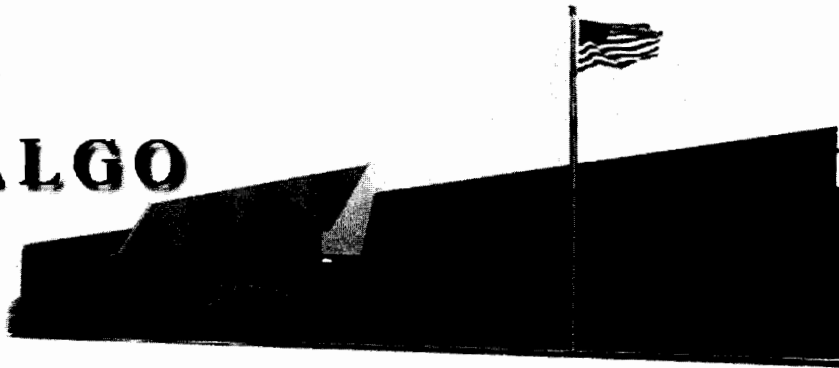


Office of Tax Assessor-Collector

**COUNTY of HIDALGO**



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

Hidalgo County Tax Assessor-Collector  
March 20, 2020

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

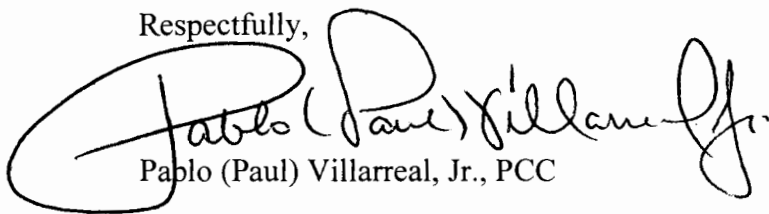
Re: See attached list

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

BG

Enclosure

ACCOUNT NUMBER	PAYER	AMOUNT
H3850-00-000-0011-72 ✓	WELLS FARGO ✓	\$2,855.03 ✓
J7650-99-000-0003-24 ✓	RODEO WESLACO DENTAL & ORTHODONTICS ✓	\$3,035.05 ✓
M5200-00-155-0010-00 ✓	VANTAGE BANK ✓	\$3,633.45 ✓

REVIEWED BY: CRYSTAL PUENTE Crystal Puente  
 DATE: 3/20/2020  
 APPROVED FOR AGENDA POSTING Yes



**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: 01/22/2020

708 - 0268843588

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: RD 3/17/2020

*ll 3-18-20*  
*J.C. 3/18/2020*

†  
**WELLS FARGO**  
**MAC X2502-011**  
**1 HOME CAMPUS**  
**DES MOINES, IA 50328-000**

<b>Account Number</b> H3850-00-000-0011-72 † HCAD No. 638563 †
<b>Legal Description of the Property</b> HOIT (LA LOMITA) N306.75'-E352.30 LOT 11 2.48AC NET  3408 SH 107
OWNER: DOWLING FERGUS E & DENISE C ✓
<b>2019 OVERAGE AMOUNT \$2,855.03 †</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 708-0268843588

**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 <u>Wells Fargo Home Mortgage</u>	Relationship to Property Owner <u>mortgage company</u>
	Mailing Address <u>1 Home Campus MAE X2302-04D</u>	Daytime Telephone Number <u>(515) 348-6634</u>
	City, State, Zip Code <u>Des Moines, IA 50328</u>	Email Address: <u>Alex.Kane@wellsfargo.com</u>
<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 <u>2019</u> 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	
	<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	\$ <u>13704.04</u>
	Total tax, penalty, and interest amount owed for the year	\$ <u>10849.01</u>
	Amount of refund claimed	\$ <u>2855.03</u>
<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	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year 's taxes	
<b>Step 6: Sign the application form. Unsigned applications will not be processed.</b> 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>Alex Kane †</u>	Date of application <u>1/30/2020 †</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: <u>Marisa A. Durand</u> Date: <u>3-18-20</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>Paul Villarreal</u> Date: <u>2/18/2020</u>	

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

AK  
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**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: 01/14/2020

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 03/17/2020 *CH*

*3-18-20 ll*

*By 3/18/2020*

RODEO WESLACO DENTAL & ORTHODONTICS  
 RODEO DENTAL & ORTHODONTICS  
 100 E 15TH ST SUITE 520  
 FORT WORTH, TX 76102

Account Number J7650-99-000-0003-24 HCAD No. 1073135	<i>+</i> ✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1901 W EXPWY 83 STE 800 / NEW ACCT 2017  1901 W INTERSTATE HWY 2 STE-800 78596 OWNER: RODEO DENTAL & ORTHODONTICS PLLC	<i>+</i>

2019 OVERAGE AMOUNT *+* \$3,035.05

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	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>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>17,323.20</u>
	Total tax, penalty, and interest amount owed for the year	<u>14,288.15</u>
	Amount of refund claimed	<u>3,035.05</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>Samuel Aguilar</u>	Date of application <u>01/31/2020</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: <u>Maria A. Duran</u> Date: <u>3-18-20</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>2/10/2020</u>

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

*2/20*

DEC 20 2019

DEC 26 2019



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: 12/17/2019

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: 2-21-2020 JG  
2-26-20 PL

Vantage Bank\*  
PO Box 1700  
McAllen, TX 78505

Account Number M5200-00-155-0010-00* HCAD No. 239676*
Legal Description of the Property MISSION ORIGINAL TOWNSITE LOT 10,11 & S 1/2 LOT 12  919 SLABAUGH AVE  OWNER: 6999 INVESTMENTS LLC*

2019 OVERAGE AMOUNT \$3,633.45\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 54087

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>Vantage Bank Texas</u>	Relationship to Property Owner
	Mailing Address <u>P.O. Box 1720</u>	Daytime Telephone Number <u>644-8973</u>
	City, State, Zip Code <u>McAllen TX 78505</u>	Email Address: <u>Cristina.Martinez@Vantage.bank</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	
	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	
	Transfer this amount to account <u>1239676</u>	For tax year <u>2019</u> Refund balance to bank <u>\$3,024.88</u>
	<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>Cristina Martinez*</u>	Date of application <u>1/2/20*</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 J.C.</u> Date: <u>1-2-20*</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By <u>Paul Villarreal*</u> Date: <u>1-2-20*</u>

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Back →

CRP  
1/24/2020

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