

Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

April 27, 2020

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

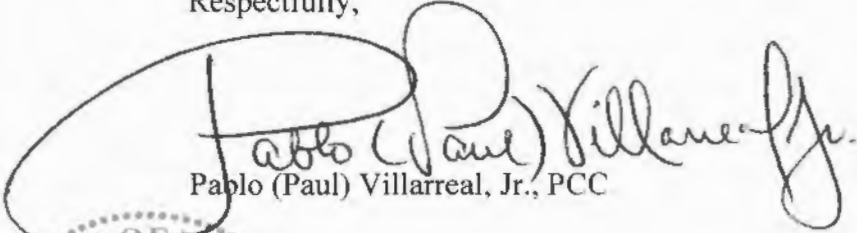
Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). 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 recommended by the County Auditor.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC



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

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ACCOUNT NUMBER	PAYER	AMOUNT
B2637.00.000.0002.00	EH MCALLEN LLC	\$13,944.61
L5025.00.000.0000.10	LLANO GRANDE HOLDINGS COMPANY LLC	\$29,473.50
M2070.00.000.0001.00	RIO GRANDE REGIONAL HOSPITAL	\$150,402.04
R3757.00.000.0001.00	DAFFODIL VENTURES LLC	\$9,763.16



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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 EH MCALLEN LLC †
	Present mailing address (number and street) 5005 LBJ FREEWAY STE 1200
	City, town or post office, state, ZIP code DALLAS, TX 75244-6150
	Phone (area code and number)


Legal description (or attach copy of the tax bill or tax receipt): **BERKSHIRE LOT 2**

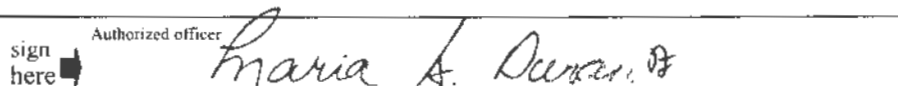
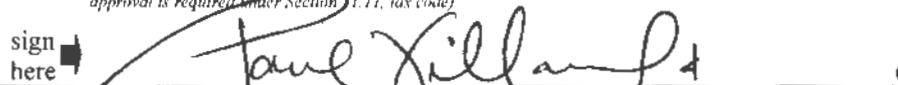
Step 2: Describe the property	Address or location of property: 220 W EXPWY 83
	550458 †
	Account number of property: B2637-00-000-0002-00 †
	Tax receipt number: OR 42717900

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	12/30	/ 2019	\$ 112,603.81
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 13,944.61 †

Taxpayer's reason for refund (attach supporting documentation): **CO#C-3533-19-L IS DUE**

JUNE 08, 2020- 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."	
	Signature sign here 	Date of application for tax refund
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: 4/15/20 MRP 4-20-20 VLL
	Authorized officer: sign here 	Date 4-20-2020	
	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 3/27/2020	4/7 † 3/25/2020

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-SW1-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 LLANO GRANDE HOLDINGS COMPANY LLC †
	Present mailing address (number and street) 1571 BELLEVUE AVE STE 210
	City, town or post office, state, ZIP code WEST VANCOUVER BC V7V1A6
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LLANO GRANDE 14.89AC IRR TR S OF LOT**

Step 2: Describe the property	145-SOUTH CAMPACUAS 14.89 AC NET	
	Address or location of property:	
	1071805 †	
	Account number of property: L5025-00-000-0000-10 †	Tax receipt number: OR 40658358

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	1/31	/ 2019	\$ 157,312.47
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 29,473.50 †

Taxpayer's reason for refund (attach supporting documentation): **CO#C-4020-17-E IS DUE**

MAY 28, 2020- BG

Step 4: Give the tax 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
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: 4/15/20 MR 4-20-20 P. C. 4/20/20
	Authorized officer sign here	Maria A. Duran †	Date 4-20-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311, tax code) sign here	Paul Gilliland †	Date 3/27/2020 4/7

CRP
3/23/2020
†

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DRJ-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 RIO GRANDE REGIONAL HOSPITAL
	Present mailing address (number and street) PO BOX 1504
	City, town or post office, state, ZIP code NASHVILLE, TN 37202-1504
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MCALLEN COMMUNITY HOSPITAL ALL LOT 1**

Step 2: Describe the property	EXC 3 TRS-W PT BEING 3.05 13.029 AC NET	
	Address or location of property:	
	230247	
	Account number of property: M2070-00-000-0001-00	Tax receipt number: OR 43723190

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	/	2020	\$ 817,483.35
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$ TOTAL.	\$ 150,402.04

Taxpayer's reason for refund (attach supporting documentation): **CO#C-3836-19-B IS DUE JUNE 02, 2020- 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."	
	Signature sign here	Date of application for tax refund
<p>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.</p>		

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: 4/15/20 4-20-20	
	Authorized officer sign here	Maria A. ...	Date	4-20-20
	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	Jane ...	Date	3/27/20

Handwritten notes and signatures:
 4/17
 3/27/20
 3/23/20

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 DAFFODIL VENTURES LLC
	Present mailing address (number and street) 1162 PEDERNALES TRAILS
	City, town or post office, state, ZIP code IRVING, TX 75063-9375

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ROLAR LOT 1, 2 & 3**

Step 2: Describe the property	Address or location of property: 3001-3011 DAFFODIL AVE (LOTS 1-3
	638630
	Account number of property: R3757-00-000-0001-00
	Tax receipt number: OR 43689848

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	/	2020	\$ 62,175.86
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$ TOTAL	\$ 9,763.16

Taxpayer's reason for refund (attach supporting documentation): **CO#C-3206-19-H IS DUE**

MAY 20, 2020- 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."	
	Signature sign here	Date of application for tax refund

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: 4/15/20	
	Authorized officer sign here	Maria A. Duran	Date	4-20-2020
	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	Jane Villanueva	Date	4/7/2020

4/7

JE 4 1-31-2020