

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](http://www.hidalgocountytax.org)

April 27, 2020

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

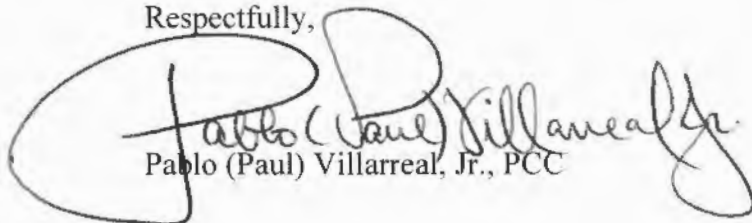
Re: See attached list

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

NR

Enclosure



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

Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER	PAYER	AMOUNT
00055.90.400.0005.13	AT & T	\$6,736.89
00055.90.400.0005.90	AT & T	\$2,503.89
10038.00.000.0244.30	LONE STAR NATIONAL BANK	\$3,020.38
C2770.00.000.0002.00	CHANOS APARTMENTS	\$2,810.94
N4200.01.001.0009.00	BNT OF TEXAS LLC	\$2,897.25
S2755.01.000.0063.00	CORELOGIC	\$5,552.57
S6862.02.000.0097.00	LERETA LLC	\$3,188.78
T2100.00.239.0015.30	CORELOGIC	\$3,497.15
T4743.00.000.0080.00	SELECT PORTFOLIO SERVICING INC	\$3,362.30



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



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@BIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 02/21/2020

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 4-20-2020 JG

4-21-20 ll  
 J.A.  
 3/12/2020

AT&T \*  
 PROPERTY TAX ADMINISTRATION  
 1010 PINE 9E-L-01  
 ST LOUIS, MO 63101

Account Number 00055-90-400-0005-13 *
HCAD No. 862598 *
Legal Description of the Property SITE 862598
OWNER: AT&T MOBILITY LLC *

2019 OVERAGE AMOUNT \$6,736.89 \*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: NA

**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	AT&T MOBILITY LLC	Relationship to Property Owner	800-596-8366
	Mailing Address	1010 PINE RM 9E-L-01	Daytime Telephone Number	↑
	City, State, Zip Code	ST LOUIS, MO 63101	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 2019 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		
	<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	\$315,687.34		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$6,736.89		
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	Li Maria *	Date of application	3-11-20 *
	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: Maria A. Duran	Date: 4-21-2020
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: Paul Villarreal	Date: 3/19/2020 + 3/27

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



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

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/21/2020

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 4-20-2020 JG

*4-21-20 RL*  
*P.C. 4/21/2020*

AT&T \*  
 PROPERTY TAX ADMINISTRATION  
 1010 PINE 9E-L-01  
 ST LOUIS, MO 63101

Account Number 00055-90-400-0005-90 * HCAD No. 747467 *
Legal Description of the Property SITE 10009537
OWNER: AT&T MOBILITY LLC *

2019 OVERAGE AMOUNT \$2,503.89 \*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: NA

**APPLICATION FOR PROPERTY TAX REFUND**

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Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>AT&amp;T MOBILITY LLC</u>	Relationship to Property Owner
	Mailing Address <u>1010 PINE RM 9E-L-01</u>	Daytime Telephone Number <u>800-596-8364</u>
	City, State, Zip Code <u>ST LOUIS, MO 63101</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 <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 type="checkbox"/> Overpaid the account	
	<input checked="" 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>\$ 315,687.34</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 2,503.89</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>Di Mais *</u>	Date of application <u>3-11-20 *</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>Pravira A. Duran</u> Date: <u>4-21-2020</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul J. [Signature]</u> Date: <u>3/19/2020 *</u>

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

*3/27*  
*3/20/2020*

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

<b>Step 1:</b> Owner's name and address	Owner's name <b>ARRIAGA REBECCA F ET AL PAID BY: LONE STAR NATIONAL BANK</b>
	Present mailing address (number and street) <b>PO BOX 1521</b>
	City, town or post office, state, ZIP code <b>RIO GRANDE CITY, TX 78582-1521</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PORCION 38-39-40 1.72AC PART OF LOTS 3 & 14 R/S**

<b>Step 2:</b> Describe the property	<b>LOTS 244 &amp; 250 1.72 AC NET</b>
	Address or location of property: <b>100636</b>
	Account number of property: <b>10038.00.000.244.30</b>
	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>12-4-20</b> Tax receipt number: <b>426461519</b>

<b>Step 3:</b> 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	12/27 / 2019	\$ 3,020.38	\$ 3,020.38
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,020.38
Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR. APPLY PAYMENT TO CORRECT ACCT#10038.00.000.0244.34 AS PER LSNB.</b>					
<b>MM</b>					

<b>Step 4:</b> 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 <b>Claudia Rayle</b>	Date of application for tax refund <b>2-3-20</b>
	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.	

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here <b>Maria A. Duran</b>	Date <b>4-9-20</b>
	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 <b>Paul Tillman</b>	Date <b>2/10/2020</b>

2/20





**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: 12/04/2019

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 4-20-2020 JG

4-21-20 ll  
 P. G. / 21 / 2020

CHANOS APARTMENTS #  
 P O BOX 125  
 SAN JUAN, TX 78589

Account Number C2770-00-000-0002-00 # HCAD No. 561951 #
Legal Description of the Property CHANO'S LOT 2 - AMENDED  312 E EXPRWY 83
OWNER: GARZA DONACIANO & VELMA SUE DE LEON TRUS #

2019 OVERAGE AMOUNT \$2,810.94 #

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 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 <i>Donaciano Garza</i>	Relationship to Property Owner <i>Owner</i>
	Mailing Address <i>P.O. Box 135</i>	Daytime Telephone Number <i>(966) 787-4515</i>
	City, State, Zip Code <i>San Juan, TX. 78589</i> 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	<i>13,162.49</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>2810.94</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>Donaciano Garza</i> #	Date of application <i>03-05-2020</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>4-21-2020</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> # Date: <i>3/19/2020</i> #

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

3/27

CMP 3/20/2020

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSU-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name <b>MARTHA TURAN AKA HAMILTON PAID BY: BNT OF TEXAS LLC</b>
	Present mailing address (number and street) <b>402 VIOLET ST</b>
	City, town or post office, state, ZIP code <b>MISSION, TX. 78574</b>

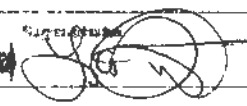
Phone (area code and number)  
**956.451.6597**

Legal description (or attach copy of the tax bill or tax receipt): **NORTH CONWAY #1 LOT 9 BLK 1**

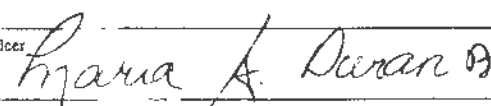
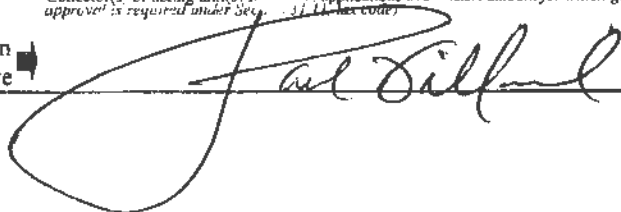
Step 2: Describe the property	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Address or location of property: <b>247224</b>	DATE: <b>4-21-20</b>
	Account number of property: <b>N4200.01.001.0009.00</b>	Tax receipt number: <b>42141758, 42141832, 42141843</b>
	OR	

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	12/06 / 19	\$ 2063.03	\$ 2063.03
2. ALL ENTITIES	2018	12/06 / 19	\$ 711.92	\$ 711.92
3. OVERLAY (8001)	2018	12/06 / 19	\$ 122.30	\$ 122.30
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 2897.25

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR AS PER BNT OF TEXAS LLC APPLY TO CORRECT ACCOUNT# W6898-00-000-0047-00.**  
**APPLY \$2,813.44 REFUND \$83.81 TO BNT OF TEXAS LLC. GF# 19124896 BRR**

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 <b>3.6.2020</b>

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	
	Authorized officer sign here 	Date <b>4-21-2020</b>
	Collector(s) of taxing unit(s) approval is required under Sec. 311.11(a)(2) applications over insert amount for which governing body sign here 	Date <b>3/19/2020</b>

**APPLICATION FOR TAX REFUND**

MAR 03 2020

13

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CW1-SEB-SLV-SMI-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

**To apply for a tax refund, the taxpayer must complete the following**

<b>Step 1: Owner's name and address</b>	Owner's name <b>PEREZ RICARDO AND RUTH MUNOZ (PD BY: CORELOGIC) #</b>
	Present mailing address (number and street) <b>2421 CHRISTINA AVE</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78572-1928</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARY CROSSING PH I LOT 63**

<b>Step 2: Describe the property</b>	Address or location of property: <b>684467 #</b>
	Account number of property: <b>S2755-01-000-0063-00 #</b>
	Tax receipt number: <b>OR 42324806</b>

<b>Step 3: Give the tax payment information</b>	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 #	12/18	/ 2019	\$ 5,552.57
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,552.57 #

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR TAXPAYER STATES THAT CORELOGIC IS NOT RESPONSIBLE FOR HIS TAXES HE DOES NOT HAVE A MORTGAGE WITH THEM. BR**

<b>Step 4: sign the form</b>	"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 <b>Eric Gonzalez #</b>	Date of application for tax refund <b>3-6-2020 #</b>
	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>Marjorie A Duran #</b>	Date <b>4-22-2020</b>
	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) <b>Paul Vitale #</b>	Date <b>3/28/20 #</b> <b>3/27</b>

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: **4-21-2020 JG/4/22/2020**  
**4-21-20 RR 02/22/2020**



Mr. Cooper - 485910623



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: 12/12/2019

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: RD 4/20/2020  
PL 4-27-20  
DC 1/27/2020

LERETA LLC †  
1123 S PARKVIEW DR  
COVINA, CA 91724

Account Number S6862-02-000-0097-00 † HCAD No. 705401 †
Legal Description of the Property SUMMER WINDS L.T.C. PH 2 LOT 97 1405 ORLANDO
OWNER: GONZALEZ JAVIER & EDITH PINA †
2019 OVERAGE AMOUNT \$3,188.78 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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>Mr. Cooper &amp; Lereta LLC</u>	Relationship to Property Owner
	Mailing Address: <u>1123 Parkview Dr. Covina, CA 91724</u>	Daytime Telephone Number: <u>800)537-3821</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	
	<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>1.7.2020</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>[Signature]</u> Date: <u>4-23-2020</u> †
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>2/27/2020</u> †

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

3/5/2020

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SFB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

**To apply for a tax refund, the taxpayer must complete the following**

<b>Step 1: Owner's name and address</b>	Owner's name <b>FLORES ISMAEL &amp; GLORIA (PAID BY: CORELOGIC)</b>
	Present mailing address (number and street) <b>2412 N SUGAR RD</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78541</b>
	Phone (area code and number) <b></b>

Legal description (or attach copy of the tax bill or tax receipt): **TEX-MEX SURVEY**

<b>Step 2: Describe the property</b>	Address or location of property: <b>2412 N SUGAR RD</b>
	<b>295335</b>
	Account number of property: <b>T2100.00.239.0015.30</b>
	Tax receipt number: <b>OR 42714775-42714845-42715031-42715054</b>

<b>Step 3: Give the tax payment information</b>	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	2014	12/30 / 2019	\$ 677.60	\$ 677.60 <i>d</i>
	2.	2015	12/30 / 2019	\$ 996.03	\$ 996.03 <i>d</i>
	3.	2016	12/30 / 2019	\$ 700.45	\$ 700.45 <i>d</i>
	4.	2017	12/30 / 2019	\$ 549.61	\$ 549.61 <i>d</i>
	5. TOTAL	2019	12/30 / 2019	\$ 573.46	\$ 573.46 <i>d</i>
Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR TOTAL \$3,497.15</b>					
<b>REFUND BACK TO CORELOGIC CASE # 20670284. SP</b>					

<b>Step 4: sign the form</b>	"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 <i>Paul Ornela</i> <i>% Corelogic</i> <i>X</i>	Date of application for tax refund <b>3-6-2020</b>
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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>04/14/2020</i> <i>CC</i> <i>4/20/20</i>
	Authorized officer <i>Maria A. Duran</i>	Date <b>4-20-2020</b>
	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) <i>Paul Zellmer</i> <i>X</i>	Date <b>3/19/2020</b>

**3/27**

SPS-39547088

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SFB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

**To apply for a tax refund, the taxpayer must complete the following**

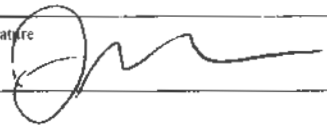
<b>Step 1: Owner's name and address</b>	Owner's name <b>PADRON GUADALUPE JR (PD BY: SELECT PORTFOLIO SERVICING INC)</b>
	Present mailing address (number and street) <b>3217 SOUTH DECKER LAKE DR</b>
	City, town or post office, state, ZIP code <b>SALT LAKE CITY, UT 84119</b>

Phone (area code and number)

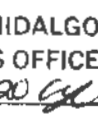
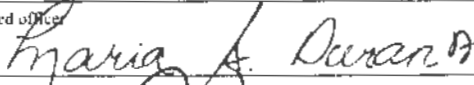
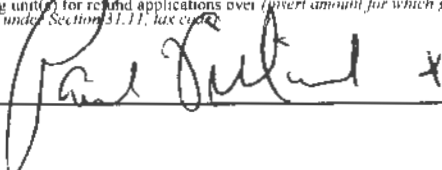
<b>Step 2: Describe the property</b>	Legal description (or attach copy of the tax bill or tax receipt): <b>TIERRA BLANCA ESTATES LOT 80</b>
	Address or location of property: <b>686404 X</b>
	Account number of property: <b>T4743-00-000-0080-00 X</b> OR <b>42848428</b>
	Tax receipt number:

<b>Step 3: Give the tax payment information</b>	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 X	01/13	/ 2020	\$ 3,362.30
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,362.30 X

Taxpayer's reason for refund (attach supporting documentation): <b>PAID IN ERROR MORTGAGE CO IS NOT RESPONSIBLE TO PAY ON THIS ACCT. REFUND BACK TO SELECT PORTFOLIO SERVICING BR</b>
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<b>Step 4: sign the form</b>	"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  X	Date of application for tax refund <b>3/3/20</b>

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.

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>04/13/2020</b> 	<b>2/2/2020</b> <b>4-20-20 RP</b>
	sign here 	Authorized officer	Date <b>4-20-2020</b>
	sign here  X	Collector(s) of taxing unit(s) for refund applications over (over amount for which governing body approval is required under Section 31.11, tax code)	Date <b>3/19/2020</b> <b>3/27</b>