

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

May 8, 2020

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

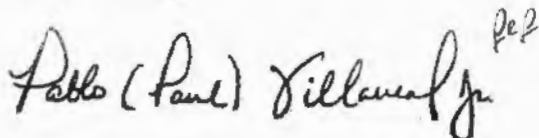
Re: See attached list

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



NR

Enclosure

*Office of Tax Assessor-Collector*

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ACCOUNT NUMBER	PAYER	AMOUNT
M2240.00.000.0001.00	UNIVERSAL HEALTH SERVICES	\$395,862.24



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

# 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-SI.V-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>UNIVERSAL HEALTH SERVICES C/O MCALLEN MEDICAL CENTER</b>
	Present mailing address (number and street) <b>1400 W TRENTON RD</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78539-3413</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>MCALLEN METHODIST HOSPITAL ALL LOT 1</b>
	EXC S 471 OF N 1 140.68-E183-W261.8
	Address or location of property: <b>230472</b>
	Account number of property: <b>M2240.00.000.0001.00</b> OR Tax receipt number: <b>40771324</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	2018	01/31 / 2019	\$ 735,484.75	\$ 395,862.24
	2.		/	\$ 249,091.84	\$
	3.		/	\$ 146,770.40	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 395,862.24
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER #C-4195-17-1</b>					
<b>PER ORDER PAY BY:05/20/2020</b>					
<b>NR</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 sign here	Date of application for tax refund
<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>		

<b>Step 5:</b> 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: <b>05/06/2020</b>
	Authorized officer sign here	<b>Maria A. Duran</b>	Date <b>5-7-2020</b>
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.11, tax code) sign here	<b>Jane Gillane</b>	Date <b>5/4/2020</b>	<b>5/4</b>