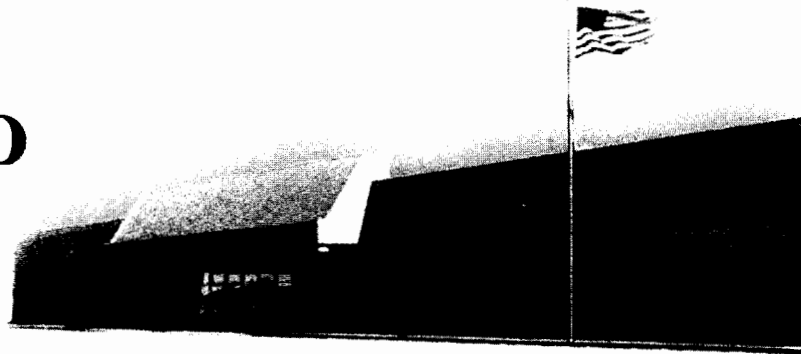


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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

May 28, 2020

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

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. 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.

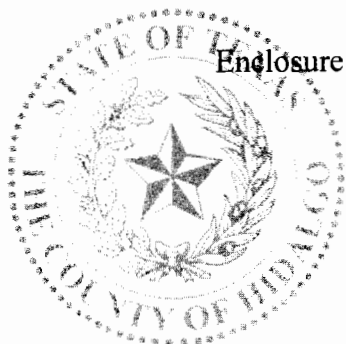
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., PCC

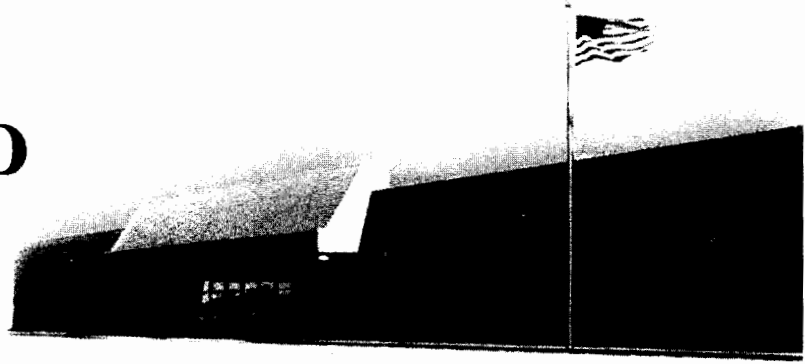
BRR

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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Edinburg, Texas 78540-0178
Ph. (956) 318-2157
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ACCOUNT NUMBER	PAYER	AMOUNT
D2980.99.000.0001.22	DOCTORS AT RENAISSANCE HUMAN RESOURCE DE	\$3,549.95
D5790.99.000.0001.00	DOCTORS HOSPITAL AT RENAISSANCE LTD	\$26,877.44
M4011.07.000.0003.00	AGH GROUP LTD	\$4,579.03
N0205.00.000.0002.00	NADER FAMILY REVOCABLE TRUST	\$4,972.97
T2100.99.244.0015.07	GE CF TRUST	\$12,483.01



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 DOCTORS AT RENAISSANCE HUMAN RESOURCE DE *
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 101 PASEO DEL PRADO/NEW ACCT 2015**

Address or location of property:
965052 *

Account number of property: **D2980.99.000.0001.22 *** OR **43471046**

Tax receipt number:

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 *	01/31	/ 20	\$ 8,448.64
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,549.95 *

Taxpayer's reason for refund (attach supporting documentation): **SUPP#7 RF 200314**

CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE (SEC 41.411)

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."

sign here Signature	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 Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 5-27-2020 JG
5-28-20 LL

sign here Authorized officer	Date
<i>Maria A. Duran</i>	5-28-2020
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
<i>Jane Talp</i> *	4/30/2020

5/1

2020/5/28
4-27-2020

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 DOCTORS HOSPITAL AT RENAISSANCE LTD #
	Present mailing address (number and street) PO BOX 3293 ATTN: EMILY RIVERA A/P DEPT
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FURNITURE FIXTURES & EQUIPMENT**



Step 2: Describe the property	AT 5501 NORTH MCCOLL / NEW ACCT 2003	
	Address or location of property:	
	656423 #	
	Account number of property: D5790.99.000.0001.00 #	Tax receipt number: OR 43471046

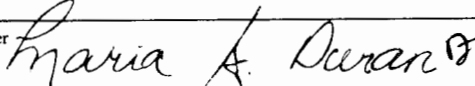
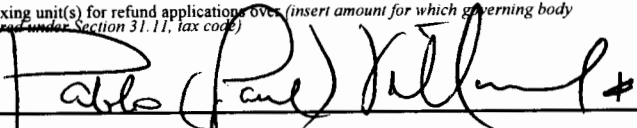
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2019	01/31 / 20	\$ 628,361.85	\$ 26,877.44
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 26,877.44 #

Taxpayer's reason for refund (attach supporting documentation): **SUPP#7 RF 200314**

INCORRECT APPRAISAL ERROR SECTION 25.25 (H)

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 
	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 5-28-2020
	Collector(s) of taxing unit(s) for refund application over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date 4/30/2020

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5-27-2020 JG**

JG 5/28/2020
5-28-20
4-27-2020

5/1

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 AGH GROUP LTD ✕
	Present mailing address (number and street) 2618 WILDWOOD DR
	City, town or post office, state, ZIP code WESLACO, TX 78596

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MID VALLEY INDUSTRIAL PARK 7 LOT 3**


Step 2: Describe the property	Address or location of property: 729875 ✕
	Account number of property: M4011.07.000.0003.00 ✕
	Tax receipt number: OR 42251927

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	12/13	/ 2019	\$ 29,840.62
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,579.03 ✕

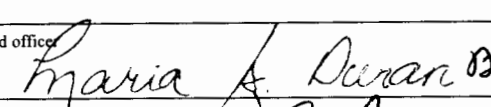
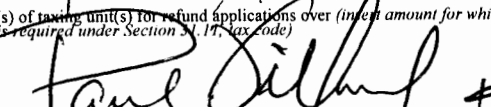
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 7**

CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE.SEC 41.411

NR

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
	Authorized office sign here 	Date 5-26-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.17, tax code) sign here 	Date 4/30/2020

5/1

5-27-2020 JG
5-28-20 JG
5/21/2020
4/22-2020

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 NADER FAMILY REVOCABLE TRUST *
	Present mailing address (number and street) P.O. BOX 3834
	City, town or post office, state, ZIP code SOUTH PADRE ISLAND, TX 78597-3834
	Phone (area code and number)

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

Step 2: Describe the property	Address or location of property:
	1178949 *
	Account number of property: Tax receipt number:
	N0205.00.000.0002.00 * OR 43056744

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	01/22 / 2020	\$ 19,891.86	\$ 4,972.97
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4,972.97 *
Taxpayer's reason for refund (attach supporting documentation): SUPP# 7					
THIS IS NON-CLERICAL ERROR FOR 2019 YEAR. SECTION 25.25(D)					
LATE CORRECTION PENALTY (NEED TO APPLY \$1,491.89 TO ACCT REFUND DIFFERENCE OF \$3,481.08 TO TAXPAYER) NR					

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
	Authorized officer sign here	Date
	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

Handwritten notes and signatures:
 DATE: 5-27-2020 JG
 5-28-20 RES/20/200
 Maria A. Duran
 Paul Salazar
 5/1
 4/30/2020
 5/1/2020

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CL-V-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 GE CF TRUST #
	Present mailing address (number and street) PO BOX A3880 / PROPERTY TAX COMPLIANCE
	City, town or post office, state, ZIP code CHICAGO, IL 60690-3880

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2019/ASSESS DISPOSED 08/08/2018; LEASED**

Step 2: Describe the property	EQUIPMENT AT SEB & CEB / NEW ACCT 2014	
	Address or location of property:	
	929953 #	
	Account number of property: T2100.99.244.0015.07 #	Tax receipt number: OR 43711540

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	01/31 / 20	\$ 12,483.01	\$ 12,483.01
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 12,483.01 #

Taxpayer's reason for refund (attach supporting documentation): **SUPP#7 RF 200314**

INCLUSION OF PROPERTY NON-EXISTENT

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 →

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: 5-27-2020 JG <i>5/28/2020</i>
	Authorized officer sign here → <i>Maria Duran #</i>	Date <i>5-28-2020</i>	
	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 → <i>Paul Tillman #</i>	Date <i>4/30/2020</i>	

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5/28/2020
5-28-20
4-22-2020