

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

June 4, 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

NR

Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. P.C.C.



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ACCOUNT NUMBER	PAYER	AMOUNT
D5790.99.000.0001.05	WOMEN'S HOSPITAL AT RENAISSANCE	\$25,505.68
D5790.99.000.0008.01	RENAISSANCE GASTROENTEROLOGY	\$15,601.09
D5790.99.000.006A.01	DAY SURGERY AT RENAISSANCE	\$14,787.83
E3200.99.00B.0006.02	NICHO PRODUCE COMPANY INC	\$10,707.37
P3000.02.004.0001.00	TEXAS INVESTMENTS LLC	\$5,633.78
R1951.00.000.0004.00	DHR REAL ESTATE MANAGEMENT LLC	\$6,489.37
R1951.00.000.0006.00	DHR REAL ESTATE MANAGEMENT LLC	\$13,943.26
R1951.00.000.014A.00	DHR REAL ESTATE MGMT LLC	\$18,726.65
R1951.99.000.0001.00	DOCTORS HOSPITAL AT RENAISSANCE	\$3,461.70
S2950.99.000.0194.16	SUPERIOR GRANITE & MARBLE BY VIVALDI LLC	\$4,066.88
S4847.03.000.0015.00	GONZALES RUBEN	\$6,529.38
T5500.99.000.0000.91	GE CF TRUST	\$4,046.39



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

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ACCOUNT NUMBER	PAYER	AMOUNT
T6740.99.000.0001.02	PARTY CITY	\$23,025.51
V0514.01.000.0056.00	CLARK MARK & MIRIAM	\$3,882.85
W2630.99.001.001B.01	CARL'S JR - ALAMO	\$9,753.39
W3800.00.029.0000.10	SURYA LTD	\$7,462.81
W3800.99.151.0000.06	FERRELL GAS LP	\$5,018.03
Y1000.99.000.0001.09	SUPERIOR GRANITE AND MARBLE BY VIVALDI LLC	\$7,044.26



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

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 WOMEN'S HOSPITAL AT RENAISSANCE †
	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) ▶

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES INVENTORY FURNITURE FIXTURES
	EQUIPMENT & VEHICLES AT 5502 S MCCOLL/ NEW ACCT 2008
	Address or location of property: 776108 †
	Account number of property: D5790.99.000.0001.05 † OR Tax receipt number: 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	\$ 141,523.57	\$ 25,505.68
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 25,505.68 †
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."	
	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: FO 5/28/2020 6-1-20
	sign here ▶ Authorized officer: Maria Duran	Date 6-2-2020	
	sign here ▶ Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 3111, tax code) Paul Yelland †	Date 4/30/2020	

5/1

4-21-2020

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHID-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 RENAISSANCE GASTROENTEROLOGY †
	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): **SUPPLIES FURNITURE FIXTURES & EQUIPMNT AT**

Step 2:
Describe the property
5520 LEONARDO DA VINCI/NEW ACCT 2016

Address or location of property:
1019092 †

Account number of property: **D5790.99.000.0008.01 †** 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	\$ 75,725.20
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 15,601.09 †

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."

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: **5/28/2020** **6/12/2020**

sign here → Authorized office	Date
sign here → Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.31, tax code)	Date

5/1

6/2/2020

9/30/2020

4/23/2020

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 DAY SURGERY AT RENAISSANCE X
	Present mailing address (number and street) PO BOX 3293 ATTN: EMILY RIVERA
	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): **SUPPLIES FURNITURE & EQUIPMENT AT 5520**

Step 2: Describe the property	LEONARDO DA VINCI/NEW ACCT 2019	
	Address or location of property:	
	1186092 X	
	Account number of property: D5790.99.000.006A.01 X	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 X	01/31 / 20	\$ 75,016.54	\$ 14,787.83
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL.	\$ 14,787.83 X

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

INCORRECT APPRAISAL ERROR. SECTION 25.25(H)

MM X

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 05/29/2020 <i>OK</i> 6-17-20 RL
	sign here Authorized officer <i>Lyana A. DeLeon</i>	Date 6-2-2020	
	sign here Collector(s) of taxing unit(s) for refund applications over \$10,000 (insert amount for which governing body approval is required under Section 52.11, tax code) <i>Paul Ollman</i> X	Date 4/30/2020 CAP 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 NICHO PRODUCE COMPANY INC C/O TOMAS VILLARREAL *
	Present mailing address (number and street) PO BOX 1136
	City, town or post office, state, ZIP code EDINBURG, TX 78540-1136
	Phone (area code and number)


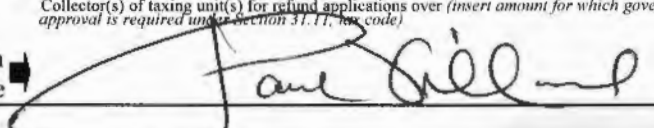
Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FURNITURE FIXTURES MACHINERY EQUIPMENT & VEHICLES AT 925 NORTH 10TH**

Step 2: Describe the property	Address or location of property:
	163944 *
	Account number of property: Tax receipt number:
	E3200.99.00B.0006.02 OR 42948150

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	01/16	/ 2020	\$ 24,312.07
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 10,707.37 *

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT #6 / RF 200215**
CORRECTION OF NON-CLERICAL ERROR {SEC 25.25D} 10% LATE CORRECTION PENALTY. APPLY \$1,236.81 TO ACCT #163944 REFUND DIFF \$9,470.56 TO TP/ BR

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: 5-28-2020 JG RE 5-29-20 <i>Rafael</i>
	Authorized officer sign here 	Date 6-1-2020	<i>JE 3-2-2020</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 	Date 4/7/2020 4/7 5/28	

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-SI.V-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 TEXAS INVESTMENTS LLC †
	Present mailing address (number and street) % ROYAL PROPERTY MANAGEMENT INC / PO BOX 60218
	City, town or post office, state, ZIP code SHORELINE, WA 98160-0218

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PALO VEDRE #2 LOT 1-2 BLK 4**

Step 2:
Describe the property

Address or location of property:
255506 †

Account number of property: **P3000.02.004.0001.00 †** Tax receipt number: **OR 41922245**

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	11/18	/ 19	\$ 14,008.65
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 5,633.78 †

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

NON-CLERICAL ERROR FOR 2019 SEC 25.25(D) LATE CORRECTION PENALTY

APPLY \$837.49 BACK TO ACCT REFUND \$4,796.29 TO TAXPAYER. 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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5/28/2020**

Step 5:
Tax refund Determination

This tax refund is Approved Disapproved

sign here Authorized officer: **Maria A. Duran †** Date: **6-1-2020**

sign here Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 33.11, tax code): **Paul Jelland †** Date: **4/30/2020 †**

5/1 **6-1-2020** **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 DHR REAL ESTATE MANAGEMENT LLC *
	Present mailing address (number and street) PO BOX 3293 ATTN: EMILY RIVERA
	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): **RENAISSANCE CENTER LOT 4**

Step 2: Describe the property	Address or location of property:	
	962414 *	
	Account number of property:	Tax receipt number:
	R1951.00.000.0004.00 *	OR 43470563

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	\$ 32,446.83
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 6,489.37 *

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

INCORRECT APPRAISAL ERROR FOR 2019, 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."	
	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 05/27/2020 <i>6-1-20 RC</i>
	sign here Authorized officer <i>Maria A Duran</i>	Date 6-2-2020
	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) <i>Paul [Signature]</i> *	Date 4/30/2020 <i>CAF 4.20 2020</i>

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: **DHR REAL ESTATE MANAGEMENT LLC ***

Present mailing address (number and street): **PO BOX 3293 ATTN: EMILY RIVERA**

City, town or post office, state, ZIP code: **MCALLEN, TX 78502-3293**

Phone (area code and number):

Step 2: Describe the property

Legal description (or attach copy of the tax bill or tax receipt): **RENAISSANCE CENTER LOT 6 & 7**

Address or location of property:
962417 *

Account number of property: **R1951.00.000.0006.00 *** OR Tax receipt number: **43470563**

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	\$ 229,429.67	\$ 13,943.26
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 13,943.26 *

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

INCORRECT APPRAISAL ERROR FOR 2019. 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."

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: **05/24/2020** *6-1-20*

sign here → Authorized officer: **Maria A Duran** Date: **6-1-2020**

sign here → Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 318.1, tax code): **Paul Hill** † Date: **6/30/2020**

5/1

05/24/2020

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHID-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 DHR REAL ESTATE MGMT LLC X
	Present mailing address (number and street) PO BOX 3293 ATTN: EMILY RIVERA
	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): **RENAISSANCE CENTER LOT 14A**

Step 2: Describe the property	Address or location of property: 1073626 X
	Account number of property: R1951.00.000.014A.00 X
	Tax receipt number: OR 43470563

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 X	01/31	/ 20	\$ 223,436.40
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 18,726.65 X

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

INCORRECT APPRAISAL ERROR FOR 2019. SECTION 25.25(H)

MM X

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>05/24/2020</u> <i>gk</i>
	Authorized officer sign here <i>Maria A Duran</i>	Date 6-2-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code) sign here <i>and [unclear]</i>	Date 9/30/2020

5/1

0202-027

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
	Present mailing address (number and street) PO BOX 3293 ATTN: EMILY RIVERA
	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): **SUPPLIES FURNITURE & EQUIPMENT AT 1000 E DOVE**

Step 2: Describe the property	STE 200/ NEW ACCT 2016	
	Address or location of property: 1018821 X	
	Account number of property: R1951.99.000.0001.00 X	Tax receipt number: OR 43470563

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 X	01/31	/ 20	\$ 25,873.32
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,461.70 X

Taxpayer's reason for refund (attach supporting documentation): **SUPP#7 RF 200314**
INCORRECT APPRAISAL ERROR. SECTION 25.25(H)
MM X

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: <u>05/24/2020</u> <i>CP</i> 6/1/20	
	Authorized officer sign here	<i>Maria A. Duran</i>	Date	6/2/2020
	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	<i>Paul Hill</i> X	Date	4/30/2020 <i>CP</i> 4-28-2020

5/1

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DRI-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 SUPERIOR GRANITE & MARBLE BY VIVALDI LLC †
	Present mailing address (number and street) 13040 HEMPSTEAD RD
	City, town or post office, state, ZIP code HOUSTON, TX 77040-6510

Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES EQUIPMENT & VEHICLE AT 511 SOUTH SHARY ROAD/NEW ACCT 2019
	Address or location of property: 1185668 †
	Account number of property: S2950.99.000.0194.16 †
	Tax receipt number: OR 43365826

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	01/29 / 20	\$ 6,554.42	\$ 4,066.88
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 4,066.88 †

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

CORRECTION OF NON-CLERICAL ERROR SEC 25.25(D) 10% LATE CORRECTION PENALTY. APPLY \$248.75 BACK TO ACCT REFUND \$3,818.13 TO CERTIFIED OWNER 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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5/28/2020**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	6-1-20 6/2/2020
	Authorized officer sign here → <i>Maria A. Duran</i>	Date 6-2-2020
	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 → <i>Paul J. ... †</i>	Date 4/30/2020 †

5/1
6/23/2020

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-CWI-SEB-SLV-SML-SMS-SSI-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 GONZALES RUBEN X
	Present mailing address (number and street) 214 VALENCIA
	City, town or post office, state, ZIP code WESLACO, TX 78596-5584

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SOUTHGATE WOODS PH 3 LOT 15**

Step 2: Describe the property	Address or location of property: 650119 X
	Account number of property: S4847.03.000.0015.00 X
	Tax receipt number: OR 42224943

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 X	12/12	/ 19	\$ 6,529.38
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 6,529.38 X

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

GRANT DV/HS FILED LATE Q/Y 2018

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
	Authorized officer sign here <i>Maria A Duran</i>		DATE: <i>6/10/2020</i> <i>6-2-20 RP</i>
	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 <i>Jane Silf</i>		Date <i>6-2-20</i>

5/1

4/30/2020
4-23-2020

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 GE CF TRUST X
	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): **LEASE EQUIPMENT AT SEB & CML/NEW ACCT 2015**

Step 2: Describe the property	Address or location of property: 965270 X
	Account number of property: T5500.99.000.0000.91 X
	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 X	01/31	/ 20	\$ 27,495.78
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 4,046.39 X

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

SUBMITTED/ENTERED WRONG & WAIVE 10% REND PENALTY

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>06/01/2020</u> <i>GA</i> <u>06-2-2016</u>	
	Authorized officer sign here <i>Maria A Duran</i>	Date <u>6-2-2020</u>

Collector(s) of tax unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)

sign here	<i>Jane Allman</i>	Date <u>4/30/2020</u>
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5/1

4-23-2020

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 PARTY CITY
	Present mailing address (number and street) 25 GREEN POND RD
	City, town or post office, state, ZIP code ROCKAWAY, NJ 07866-2099

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY AT 901 E MILITARY HWY/ NEW ACCT**

Step 2: Describe the property	2019
	Address or location of property: 1184089
	Account number of property: T6740.99.000.0001.02
	Tax receipt number: OR 43487936

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	\$ 28,335.29
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 23,025.51

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

CORRECTION OF NON CLERICAL ERROR SEC 25.25 (D) 10% LATE CORRECTION

PENALTY. APPLY \$530.99 TO BACK TO ACCT REFUND \$22,494.52 TO CERTIFIED OWNER MM
W Fund 4-29-20 \$23,025.52

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 DATE:

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 5/29/2019

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 6-1-2020
	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 4/30/2020

Handwritten notes:
5-29-2019
A.C. O/A/2020
4/30/2020
CWA
4-23-2020

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHID-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 CLARK MARK & MIRIAM
	Present mailing address (number and street) 4006 SORRENTO ST
	City, town or post office, state, ZIP code EDINBURG, TX 78542-1429

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **VALENCIA PH 1 SEC 1 LOT 56**

Step 2: Describe the property	Address or location of property: 722525
	Account number of property: V0514.01.000.0056.00
	Tax receipt number: OR 42324808

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	12/18	/ 19	\$ 3,882.85
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,882.85

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

GRANT DV/HS LATE Q/Y 2018

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 DATE:

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 5/29/2020

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 5-29-2020
	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 6-1-2020

S/1d

4-23-2020

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 <input checked="" type="checkbox"/> CARL'S JR - ALAMO / HOUSTON CJ LLC
	Present mailing address (number and street) 9600 AIRE LIBRE DR
	City, town or post office, state, ZIP code AUSTIN, TX 78726-2457

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2018 GONE 12/31/2017; INVENTORY**

Step 2: Describe the property	SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1448 W DURANTE AVE/NEW ACCT 2018	
	Address or location of property: 1131214 X	
	Account number of property: W2630.99.001.001B.01 X	Tax receipt number: OR 41224826

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 X	05/17 / 19	\$ 9,753.39	\$ 9,753.39
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 9,753.39 X

Taxpayer's reason for refund (attach supporting documentation): **SUPP#17 RF 200314**

INCLUSION OF PERSONAL 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."	
	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
			DATE: <u>06/01/2020</u> <i>6-2-20 RLC</i>	
	sign here Authorized officer	<i>Maria A. Duran</i>	Date	<i>6-1-2020</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 *Jane Allen* * *5/11*

4/30/2020 *6/23/2020*

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 SURYA LTD
	Present mailing address (number and street) 1818 N TEXAS BLVD
	City, town or post office, state, ZIP code WESLACO, TX 78599-4725

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT AN IRR TRACT E138.13' W 185.22'**

Step 2: Describe the property	N610.11' S795.12' FT 29 1.88 AC NET	
	Address or location of property: 657851	
	Account number of property: W3800.00.029.0000.10	Tax receipt number: OR 43272913

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	01/28	/ 20	\$ 29,851.34
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,462.81

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

THIS IS A NON CLERICAL ERROR FOR 2019 SECT. 25.25 (D) 10% LATE

CORRECTION PENALTY APPLY \$2,238.87 BACK TO ACCT REFUND \$5,223.94 TO CERTIFIED OWNER 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 DATE: 5/29/2020

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: **5/29/2020**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 6-1-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.1 tax code) sign here	Date 9/30/2020

5/1

5/23/2020

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 FERRELL GAS LP *
	Present mailing address (number and street) 1 LIBERTY PLZ
	City, town or post office, state, ZIP code LIBETY, MO 64068
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY (SEPT 1ST) SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES 300 N MILANO RD/NEW ACCT 2012**

Step 2: Describe the property	Address or location of property:
	821096 *
	Account number of property:
	W3800.99.151.0000.06 * OR 43502388
	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	\$ 14,335.13 *
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,018.03 *

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

CORRECTION OF NON CLERICAL ERROR SECT. 25.25 (D) 10% LATE

CORRECTION PENALTY BR

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 [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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 5/29/20 MK

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here [Signature]	Date 6-2-2020
	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 [Signature]	Date 4/30/2020

5/1 + [Handwritten marks]

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 SUPERIOR GRANITE AND MARBLE BY VIVALDI LLC
	Present mailing address (number and street) 13040 HEMPSTEAD RD
	City, town or post office, state, ZIP code HOUSTON, TX 77040-6510

Phone (area code and number)

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

Step 2: Describe the property	EQUIPMENT & VEHICLES AT 3801 WEST INTERSTATE HWY 2/ NEW ACCT 2011	
	Address or location of property: 794320	
	Account number of property: Y1000.99.000.0001.09	Tax receipt number: OR 43410883

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	01/30	/ 20	\$ 8,787.76
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,044.26

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

CORRECTION OF NON CLERICAL ERROR SEC. 25.25 (D) 10% LATE CORRECTION

PENALTY. APPLY \$174.36 BACK TO ACCT. REFUND \$6,869.90 TO CERTIFIED OWNER. 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 <small>Signature</small>	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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **5/29/2020**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here <small>Authorized officer</small> Maria A. Duran	Date 6-1-2020
	sign here <small>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)</small> Paul Tullant	Date 4/30/2020

5/14

4-23-2020