

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 9, 2020

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

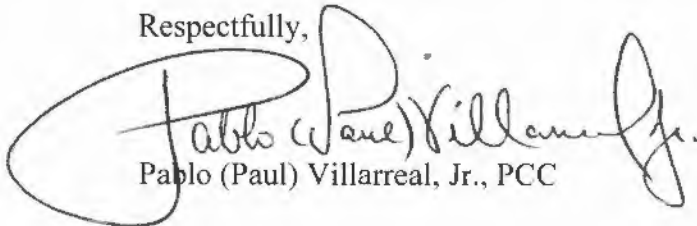
Re: See attached list

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. PCC.



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

ACCOUNT NUMBER	PAYER	AMOUNT
C5900.00.000.0006.00	ORANGE PLAZA MEDICAL LTD	\$7,497.85
E3300.99.000.0000.CJ	KOMATSU AMERICA CORP	\$7,559.92
J2355.00.000.0029.00	EON INDUSTRIES LLC	\$3,004.59
L1300.00.000.0103.03	LA FE GROUP FAMILY LIMITD PARTNERSHIP	\$6,635.36
M3248.04.000.0004.00	GUTIERREZ MIGUEL A & DIANA E LTD	\$2,713.43
O2360.00.000.0001.00	OLD FORT	\$5,380.63
R3000.00.013.0001.00	CANTU ALONZO TRUSTEE OF THE GAC 2001 GR	\$4,652.00
T2100.00.278.0010.00	GAC 2004 GRAT NO 1 & YRC 2004 GRAT NO 1	\$4,081.20



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

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 ORANGE PLAZA MEDICAL LTD #	
	Present mailing address (number and street) P.O. 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): **CLUB HEIGHTS LOT E45.2 OF 6 & ALL OF LOTS 7-12**

Address or location of property:
138528 #

Account number of property: **C5900.00.000.0006.00 #** OR Tax receipt number: **43772789**

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	02/21 / 2020	\$ 34,988.82	\$ 7,497.85
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 7,497.85 #

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

THIS IS AN INCORRECT APPRAISAL ERROR FOR 2019 YEAR. SECTION 25.25(H)

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** [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: **6-5-2020 JG**

Authorized officer: **sign here** [Signature: Maria A. ...] Date: **6-8-2020**

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: Paul ...] Date: **4/30/2020**

Handwritten notes:
AC 6/11/2020
6-5-20 JG
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-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 KOMATSU AMERICA CORP *
	Present mailing address (number and street) 1701 GOLF RD STE 1-100
	City, town or post office, state, ZIP code ROLLING MEADOWS, IL 60008-4234

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2019/ GONE 12/31/2018 CONSIGNED**


Step 2: Describe the property	EQUIPMENT AT SEB/CGB/NEW ACCT 2018	
	Address or location of property:	
	1186762 *	
	Account number of property: E3300.99.000.0000.CJ *	Tax receipt number: OR 43722535

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	02/11 / 2020	\$ 7,559.92	\$ 7,559.92
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 7,559.92 *



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

INCLUSION OF PROPERTY NON-EXISTENT

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 DATE: 6-5-2020 JG 6-5-20 RP 6/18/2020 6/8/2020 4/30/2020 5/1 4-22-2020
	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 31.01, tax code) sign here 	Date	

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-SMI-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 EON INDUSTRIES LLC *
	Present mailing address (number and street) 1607 E COYOTE ST
	City, town or post office, state, ZIP code PHARR, TX 78577-5277
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **JACKSON SOUTH ESTATES LOT 29**


Step 2: Describe the property	Address or location of property:
	704264 *
	Account number of property: Tax receipt number:
	J2355.00.000.0029.00 * OR 43042704

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	\$ 7,671.35	\$ 3,004.59
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,004.59 *

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



THIS IS A NON-CLERICAL ERROR FOR 2019 YEAR. SECTION 25.25(D)

LATE CORRECTION PENALTY (NEED TO APPLY \$466.68 TO ACCT REFUND DIFFERENCE OF \$ 2,537.91 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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **6-8-2020 JG**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here  Maria A. Duran	Date 6-9-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 21.11 tax code) sign here  Paul Silph *	Date 4/30/2020

5/1

6-8-20
6-8-20
6-9-20
4/30/2020
6-22-2020

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 LA FE GROUP FAMILY LIMITD PARTNERSHIP 4
	Present mailing address (number and street) 2525 W TRENTON RD
	City, town or post office, state, ZIP code EDINBURG, TX 78539-5070
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): LA LOMITA (HOIT) E5AC-W25AC-LOTS 103 &
	104 5.00AC GR 4.78 AN NET
	Address or location of property: 210777 4
	Account number of property: L1300.00.000.0103.03 4 OR Tax receipt number: 43009744

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	01/17 / 2020	\$ 10,000.00 4	\$ 6,635.36
	2.		01/30 /	\$ 4,137.58 4	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 6,635.36 4
Taxpayer's reason for refund (attach supporting documentation): SUPP# 7					
THIS IS A NON-CLERICAL ERROR FOR 2019 YEAR. SECTION 25.25(D)					
LATE CORRECTION PENALTY (NEED TO APPLY \$750.23 TO ACCT REFUND DIFFERENCE OF \$ 5,885.13 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 6/8/20
<p>If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</p> <p style="text-align: right;">AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</p> <p style="text-align: right;">DATE: 6/8/20</p> <p style="text-align: right;">6/8/20</p> <p style="text-align: right;">6/8/20</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 6-9-2020
	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

5/1 4 **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-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 GUTIERREZ MIGUEL A & DIANA E LTD
	Present mailing address (number and street) P.O. 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): **MED-POINT IV CONDOS UNIT 4**

Address or location of property:
695161

Account number of property: **M3248.04.000.0004.00** OR Tax receipt number: **43468258**

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 / 2020	\$ 16,969.87	\$ 2,713.43
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2,713.43

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

THIS IS AN INCORRECT APPRAISAL ERROR FOR 2019 YEAR. SECTION 25.25(H)

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: **[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

Authorized officer: **[Signature]** Date: **6-3-2020**

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): **[Signature]** Date: **6-9-2020**

4/30/2020

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **6/5/2020**

5/14

4-20-2020

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 OLD FORT 4
	Present mailing address (number and street) P.O. BOX 5117
	City, town or post office, state, ZIP code LUBBOCK, TX 79408-5117
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **OLD FORT LOT 1**

Step 2: Describe the property	Address or location of property: 526715 4
	Account number of property: 02360.00.000.0001.00 4
	Tax receipt number: OR 42928387


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	01/15	/ 2020	\$ 42,150.83 4
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,380.63 4

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

CHANGES, THIS IS AN INCORRECT APPRAISAL ERROR FOR 2019 YEAR,

SECTION 25.25 (H)

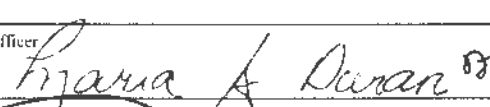
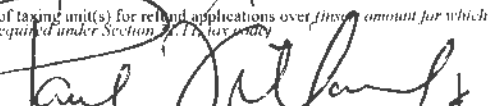
NR

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 6/5/20 11/2

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 6-9-2020
	Collector(s) of taxing unit(s) for refund applications over first amount for which governing body approval is required under Section 24.16, tax code sign here 	Date 4/30/2020 <small>ONE 4/27/2020</small>

5/1 4

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-CW1-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
CANTU ALONZO TRUSTEE OF THE GAC 2001 GR *

Present mailing address (number and street)
5221 N MCCOLL RD BIG FIVE RANCH LLC

City, town or post office, state, ZIP code
MCALLEN, TX 78504-2202

Phone (area code and number)

Step 2: Describe the property

Legal description (or attach copy of the tax bill or tax receipt): **RIO GRANDE DEV CO LTS 1 THRU 6 BLK 13 & LTS 1-4 & NE 6.25 LT 6 BLK 20 ABND RD 4.22 AC 551.80 AC NET**

Address or location of property:
847812 *

Account number of property: **R3000.00.013.0001.00 *** OR **43795416**

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	02/25 / 20	\$ 39,781.65	\$ 4,652.00
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 4,652.00 *

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

THIS IS AN INCORRECT APPRAISAL ERROR FOR 2019 YEAR, SEC 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** [Signature]

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.

Step 5: Tax refund Determination

This tax refund is Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **6-8-2020 JG**
6-8-2020

Authorized officer: **sign here** [Signature: Maria A. Duran] Date: **6-9-2020**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.3), tax code): **sign here** [Signature: Jane Wilford] Date: **4/30/2020**

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
GAC 2004 GRAT NO 1 & YRC 2004 GRAT NO 1 †

Present mailing address (number and street)
5221 N MCCOLL ROAD

City, town or post office, state, ZIP code
MCALLEN, TX 78504-2202

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TEX-MEX SURVEY S10AC GR SEC 278 10AC NET**

Step 2: Describe the property

Address or location of property:
297574 †

Account number of property: **T2100.00.278.0010.00 †** OR Tax receipt number: **42822133-42822132**

Step 3: Give the tax payment information

Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1. ALL ENTITIES	2019	12/30 / 19	\$ 23,126.80	\$ 4,081.20
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 4,081.20 †

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

THIS IS AN INCORRECT APPRAISAL ERROR FOR 2019 YEAR SECTION 25.25(II)

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** [Signature]

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.

Step 5: Tax refund Determination

This tax refund is Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **6/8/2020**
6-8-2020 **6/8/2020**

Authorized officer: **sign here** [Signature] Date: **6-8-2020**

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** [Signature] † Date: **4/30/2020**

5/1

6/23/2020