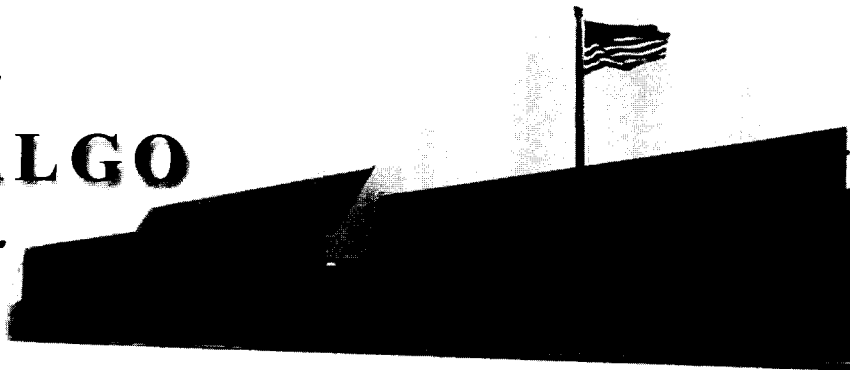


Office of Tax Assessor-Collector

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 30, 2020

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

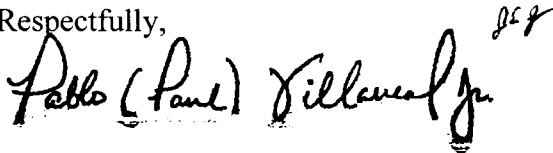
Re: See attached list

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

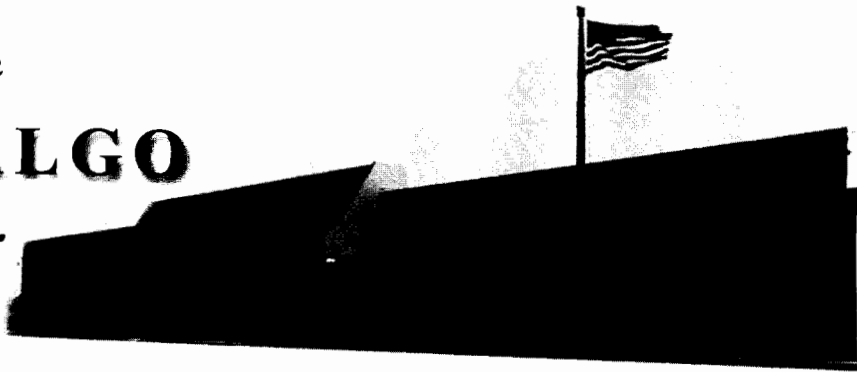
NR

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
C2672.99.008.0005.02	RGV URGENT CARE CLINIC	\$2,780.67
E2600.00.00A.0006.00	JP MORGAN CHASE BANK NA	\$3,608.31
E3300.99.000.0000.CA	COCA-COLA SOUTHWEST BEVERAGES	\$8,837.44
E8250.02.000.0204.00	RAMIREZ BERNABE	\$6,314.79
F7850.99.001.0005.01	FIRST CASH PAWN# 91	\$3,807.51
H0111.00.000.0001.01	HEB GROCERY COMPANY LP	\$15,972.00
K2400.00.000.0244.00	MOCZYGEMBA WINONA SHAWN	\$2,821.12
L0800.99.001.0007.00	FIRST CASH PAWN # 53	\$5,185.63
L6470.00.000.0001.00	WHATABURGER REAL ESTATE LP	\$30,889.07
M1730.99.000.0009.06	FIRST CASH PAWN # 343	\$6,032.99
M1950.99.000.0000.DC	COCA-COLA SOUTHWEST BEVERAGES	\$8,317.96
W7140.00.000.0024.00	ARACELI MARTINEZ & OSWALDO RODRIGUEZ	\$3,067.26



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 RGV URGENT CARE CLINIC
	Present mailing address (number and street) 3502 W ALBERTA RD
	City, town or post office, state, ZIP code EDINBURG, TX 78539-8466
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 3502 W ALBERTA RD/NEW ACCT 2019**

Address or location of property:
1183143 ✕

Account number of property: **C2672.99.008.0005.02 ✕** OR Tax receipt number: **43006311**

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	\$ 3,139.81 ✕
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,780.67 ✕


Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

CORRECTION OF NON-CLERICAL ERROR SEC25.25(D)10% LATE CORRECTION

PENALTY (APPLY : \$35.92 TO ACCOUNT \$2,744.75 TO TAX PAYER) 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: **6/18/20**

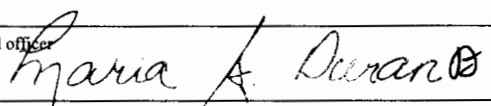
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 6/18/20

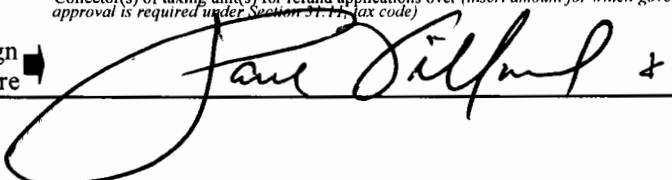
Step 5: Tax refund Determination

This tax refund is Approved Disapproved

Authorized officer: **sign here** 

Date: **6-24-20**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.17a (tax code))

sign here 

Date: **5/26/2020**

5/26 ✕

6-22-20
D.C. 6/23/20

5/26/2020

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 JP MORGAN CHASE BANK NA ✚
	Present mailing address (number and street) P.O. BOX 29550
	City, town or post office, state, ZIP code PHOENIX, AZ 85038-9550
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EBONY PARK S5.5 LOT 6 ALL LOTS 7 & 8**

Step 2: Describe the property	LOTS 19-22 & S5.5 LOT 23 BLK A	
	Address or location of property:	
	163076 ✚	
	Account number of property: E2600.00.00A.0006.00 ✚	Tax receipt number: OR 43784585-43784555

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	\$ 13,844.96 ✚
2.	2019	01/31	/ 2020	\$ 4.35 ✚	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,608.31 ✚

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

THIS IS A NON-CLERICAL ERROR FOR 2019 YEAR. SECTION 25.25 (d) LATE CORRECTION PENALTY (APPLY: \$1,024.11 TO ACCOUNT \$ 2,584.20 TO TAX PAYER) ✚ ✚ 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: **6/18/2020**

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 6-24-2020
	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 ✚ Janet Silfman ✚	Date 5/26/2020

6-22-20 **RLC**
2/26/2020
5/26 ✚
5/29/2020

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 COCA-COLA SOUTHWEST BEVERAGES ↙
	Present mailing address (number and street) 14185 DALLAS PARKWAY STE 1300
	City, town or post office, state, ZIP code DALLAS, TX 75254-1341
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LEASED EQUIPMET AT SEB & CEB/ NEW ACCT 2018**

Step 2: Describe the property	Address or location of property: 1155245 ↙
	Account number of property: E3300.99.000.0000.CA ↙
	Tax receipt number: OR 43184678

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	01/24	/ 2020	\$ 20,304.84 ↙
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 8,837.44 ↙

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

CORRECTION OF NON-CLERICAL ERROR SEC25.25(D)10% LATE CORRECTION

PENALTY (APPLY : \$1,146.75 TO ACCOUNT \$7,690.69 TO TAX PAYER) 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
	<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 DATE: 6/18/20 <i>[Signature]</i></p>	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here ↙ <i>Maria A. Duran</i>	Date 6-24-2020
	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>Jane Dilland</i>	Date 5/26/2020 <i>[Signature]</i> 5/26 <i>[Signature]</i>

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 RAMIREZ BERNABE
	Present mailing address (number and street) 22608 S SHARP RD
	City, town or post office, state, ZIP code EDINBURG, TX 78542
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EVERGREEN VALLEY ESTATES PH 2 LOT 204**

Step 2: Describe the property	Address or location of property: 6977184
	Account number of property: E8250.02.000.0204.00 4
	Tax receipt number: OR 36310221

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	2017	12/15	/ 2017	\$ 6,351.92 4
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6,314.79 4

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

GRANT DVHS FILED LATE Q/Y 2017

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
	<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: 6/18/2020 MK</p> <p style="text-align: right;">6-22-20 PL</p> <p style="text-align: right;">6-24-2020</p>	

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 OS	Date 6-24-2020
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 21.14, tax code) sign here Jane Silfant 4	Date 5/26/2020

5/26 4

5/26/2020

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 FIRST CASH PAWN #91 FIRST CASH PAWN
	Present mailing address (number and street) 1600 W 7TH ST
	City, town or post office, state, ZIP code FORT WORTH, TX. 76102-2504
	Phone (area code and number) (817)335-1100

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

Step 2: Describe the property	EQUIPMENT AT 102 W EDINBURG (HWY 107)/NEW ACCT 2013	
	Address or location of property: 841956	
	Account number of property: F7850.99.001.0005.01	Tax receipt number: OR 43184292

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	01/24	/ 2020	\$ 11,114.86
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,807.51

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

SUBMITTED/ENTERED WRONG

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."	
	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: **6/18/20**
6-22-20 RL
2/24/2020

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 6-24-2020
	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 Jane Tillman	Date 5/26/2020 5/26

5/20/2020

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 HEB GROCERY COMPANY LP / PROPERTY TAX DEPARTMENT †
	Present mailing address (number and street) P.O. BOX 839999
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999
	Phone (area code and number)

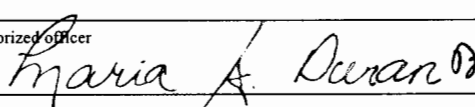
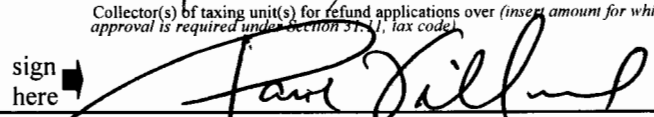
Legal description (or attach copy of the tax bill or tax receipt): **HEB PHARR W200-E1146.55-N217.80 LOT**

Step 2: Describe the property	1 1.0AC NET
	Address or location of property: 845718 †
	Account number of property: H0111.00.000.0001.01 †
	Tax receipt number: OR 42373038

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	12/29	/	2019	\$ 32,982.82
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$	\$ 15,972.00 †

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**
SOME/ ALL IMPROVEMENTS DOUBLE ASSESSED WITH: H0111.98.0001.01
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: 6/19/2020
	Authorized officer sign here 	Date 6-23-2020
	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 	Date 5/26/2020 5/26

6/23/2020
5/26/2020

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 MOCZYGEMBA WINONA SHAWN †
	Present mailing address (number and street) 413 SAM HOUSTON
	City, town or post office, state, ZIP code PHARR, TX 78577-5349
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT**

**Step 2:
Describe the property**

E485.40-W854.10-S255 LT 244 2.84AC GR 2.62C NET

Address or location of property:

203046 †

Account number of property: **K2400.00.000.0244.00 †** OR Tax receipt number: **41719527**

**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	10/31 / 2019	\$ 23,363.64	\$ 2,821.12
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 2,821.12 †

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

ARBITRATION DETERMINATION AND AWARD; ARB ID# 10819000015

SECT 41A.09 PTC D^ETERMINATION DATE: 2/24/2020 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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **RD 6/19/2020**

**Step 5:
Tax refund Determination**

This tax refund is Approved Disapproved

Authorized officer: **sign here** [Signature: Maria A. Duran]

Date: **6-23-2020**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.10, tax code): **sign here** [Signature: Jane Dillard]

Date: **5/26/2020 †**

5/26

Handwritten notes: All 6-19-20, J. C. White 6/20, 5/26/2020

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 FIRST CASH PAWN # 53 / FIRST CASH LTD DBA †
	Present mailing address (number and street) 1600 W 7TH ST
	City, town or post office, state, ZIP code FORT WORTH, TX 76102-2504

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 AT 3107 E BUS 83/NEW ACCT	
	Address or location of property:	
	20830655 †	
	Account number of property: L0800.99.001.0007.00 †	Tax receipt number: OR 43411881

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	/ 2020	\$ 8,804.38
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,185.63 †

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

SUBMITTED / ENTERED WRONG

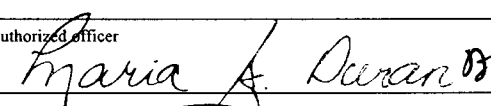
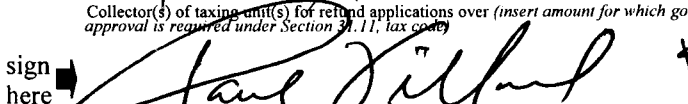
NR

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: **RD 6/19/2020**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 6-23-2020
	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 5/26/2020

5/26

Handwritten notes:
6-19-20
5/26/2020
CAF 5/26/2020

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 WHATABURGER REAL ESTATE LP †
	Present mailing address (number and street) 300 CONCORD PLAZA DR
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78216-6903

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LOT ONE -HEB LOT 1**


Step 2: Describe the property	Address or location of property:
	519313 †
	Account number of property: L6470.00.000.0001.00 †
	Tax receipt number: OR 43771846

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	\$ 69,919.34
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 30,889.07 †

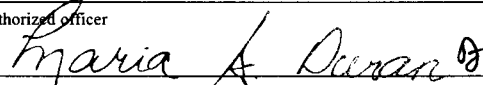

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

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

CORRECTION PENALTY (APPLY \$3,903.02 TO THE ACCOUNT \$26,986.05 TO TAX PAYER 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: **6/19/2020**

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 6-23-2020
	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 5/26/2020

Handwritten notes: **6-19-20**
6/22/2020

Handwritten notes: **5/26/2020**
5/26
5/29/2020

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 FIRST CASH PAWN #343 FIRST CASH LTD
	Present mailing address (number and street) 1600 W 7TH ST
	City, town or post office, state, ZIP code FORT WORTH, TX. 76102-2504
	Phone (area code and number) (817)335-1100

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

Step 2: Describe the property	EQUIPMENT AT 3220 E BUS HWY 83/ NEW ACCT 2014	
	Address or location of property: 900184	
	Account number of property: M1730.99.000.0009.06	Tax receipt number: OR 43184290

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	01/24	/ 2020	\$ 12,500.01
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6,032.99

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT # 8**

SUBMITTED/ENTERED WRONG

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."	
	Signature sign here	Date of application for tax refund
<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 DATE: RD 6/19/2020 <i>6-19-20</i> <i>6/19/2020</i></p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	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 3011, tax code)	Date

Maria A Duran 6-23-2020
John (Paul) Dillman 5/26/2020
5/26
5/20/2020

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

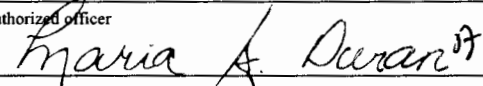
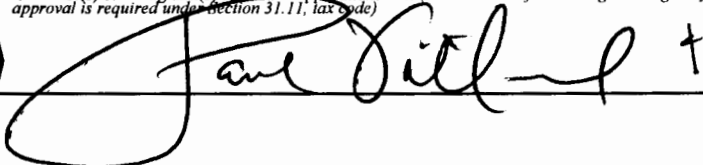
Step 1: Owner's name and address	Owner's name COCA-COLA SOUTHWEST BEVERAGES †
	Present mailing address (number and street) 14185 DALLAS PARKWAY STE 1300
	City, town or post office, state, ZIP code DALLAS, TX. 75254-1341
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LEASED EQUIPMENT AT SML/CML/NEW ACCT 2019**

Step 2: Describe the property	Address or location of property:
	1155289 †
	Account number of property: Tax receipt number:
	M1950.99.000.0000.DC † OR 43184678

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	01/24 / 2020	\$ 46,711.02	\$ 8,317.96
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 8,317.96 †
Taxpayer's reason for refund (attach supporting documentation): SUPPLEMENT #8					
CORRECTION OF NON-CLERICAL ERROR [SEC 25.25(D)] 10% LATE CORRECTION					
PENALTY APPLY \$3,839.31 TO ACCOUNT \$4,478.65 TO TAX PAYER 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."	
	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>6/19/2020</u> <i>RL 6-22-20 J. C. Upton</i>
	Authorized officer sign here 	Date	6-23-2020
	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	5/26/2020 5/26

5/26/2020

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 SANTOS OSCAR ARACELI MARTINEZ & OSWALDO RODRIGUEZ
	Present mailing address (number and street) 711 TORONTO AVE APT F 2 917 GOMEZ ST
	City, town or post office, state, ZIP code MCALLEN, TX 78503 SAN JUAN, TX 78589-4773
	Phone (area code and number) (956) 318-2157

Legal description (or attach copy of the tax bill or tax receipt): **WOLVERINE LOT 24**

Step 2: Describe the property	Address or location of property: 705242
	Account number of property: W7140.00.000.0024.00
	Tax receipt number: 39117750
	OR

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	12/04	/ 2018	\$ 3,735.68
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,067.26

Taxpayer's reason for refund (attach supporting documentation): **SUPP#17 RF 200314**
SOME/ALL IMPROVEMENTS DOUBLE ASSESSED WITH W7140.00.000.0022.00
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	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: 6-18-2020 JG RL 6-19-20
	sign here	Authorized officer	Date
	sign here	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.11, tax code)	Date

Handwritten signatures and dates:
 [Signature] **5/1 6/18**
 [Signature] **4/30/2020**
 [Signature] **4-23-2020**