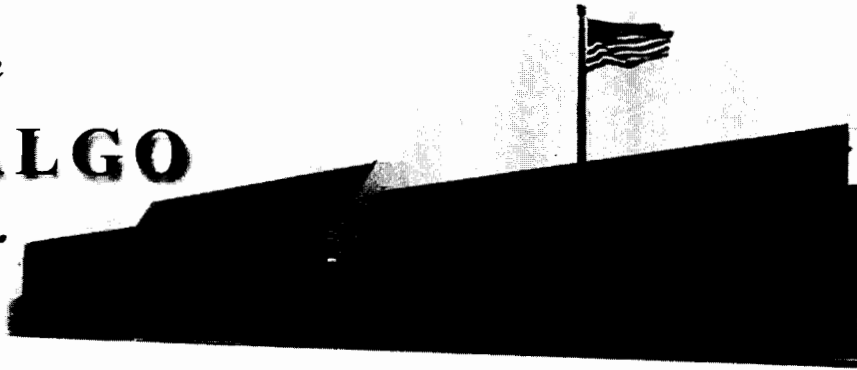


Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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

July 7, 2020

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

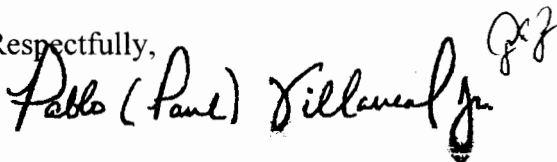
Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is (are) erroneous and/or excessive. 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 required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

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

Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

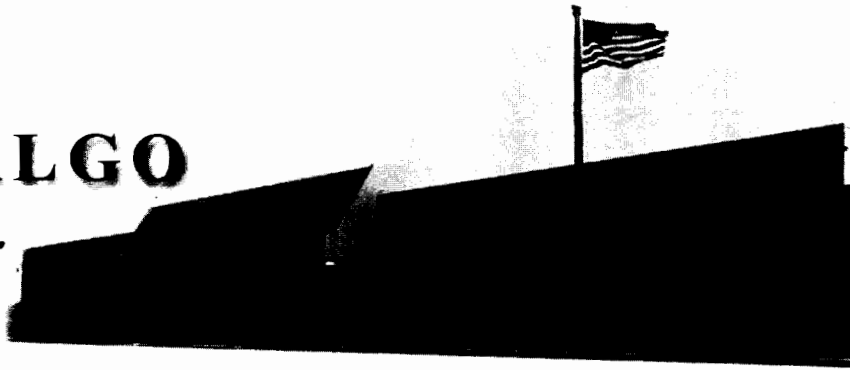
NR

Enclosure

Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
B3985.00.000.0006.00	ORALIA T REYES	\$7,000.00
C4440.03.019.0018.00	LETICIA O MARTINEZ	\$2,550.00
J1800.00.054.0000.03	ACN AGRIPRODUCTS LLC	\$9,072.52
L0920.01.000.0030.00	CORELOGIC	\$3,182.42





**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 05/08/2020

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 6/30/20 MJC

*HQTU*

*PL 7-1-20*  
*By 7/2/2020*

**ORALIA T REYES**  
**910 NATALIE ST**  
**WESLACO, TX. 78596-4260**

<b>Account Number</b> B3985-00-000-0006-00 † HCAD No. 649949 †
<b>Legal Description of the Property</b> BRAESIDE TERRACE LOT 6  910 NATALIE ST 78596
OWNER: REYES RAMIRO M & ORALIA T †
<b>2019 OVERAGE AMOUNT \$7,000.00 †</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year _____ and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
<b>Step 5: How should the refund be processed?</b>	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input checked="" type="checkbox"/> Escrow for next year 's taxes	<u>2020</u>
<b>Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed</b>	By completing and signing this 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	
	<b>SIGN HERE</b> <i>Oralia T. Reyes †</i>	Date of application <u>5-19-2020</u>
	<b>If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10</b>	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Marina A. Duran</i> Date: <u>7-1-20</u>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> † Date: <u>5/27/2020</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.

*5/27/20*



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 05/06/2020

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 6-25-2020 JG

*6-29-20 ill  
 J. G. 7/6/2020*

**LETICIA O MARTINEZ #**  
**903 RIO GRANDE DR**  
**MISSION, TX. 78572-7445**

Account Number C4440-03-019-0018-00 # HCAD No. 135664#
Legal Description of the Property CIMARRON COUNTRY CLUB SECTN 3 PHASE I SECTION III LOT 18 BLK 19  903 RIO GRANDE AVE  OWNER: MARTINEZ FRANCISCO S & LETICIA#

**2019 OVERAGE AMOUNT \$2,550.00#**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Leticia Martinez</u>	Relationship to Property Owner
	Mailing Address <u>903 Rio Grande</u>	Home Telephone Number <u>956-227696</u>
	City, State, Zip Code <u>MISSION TX 78572</u>	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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 <u>Ret Mat</u>	Date of application <u>6.8.2020</u>
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Maria Duran</u> Date: <u>7-6-2020</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/17/2020</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.

*6/18*

*6-18-2020*

MAIL

JUN 02 2020



PABLO (PAUL) VILLARREAL JR., PCC  
Hidalgo County Tax Assessor - Collector  
PO BOX 178 EDINBURG, TX 78540-0178

Hidalgo County Tax Office  
Received

Phone No.: (956) 318-2157  
Fax No.: 956-318-2733  
Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/01/2019

MAIL

FINAL NOTICE

JUN 15 2020

MAY 15 2020

Hidalgo County Tax Office  
Received

ACN AGRIPRODUCTS LLC  
1512 RANCHO TOLUCA RD  
PROGRESO, TX 78579

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: 6-25-2020 JG

6-29-20  
6/29/2020

Account Number  
J1800-00-054-0000-03  
HCAD No. 198498

Legal Description of the Property  
JY DE BALLI 49.15AC -62.2AC EXC 0.82AC  
FOR IMPS & EXC IRR TR S1139'- N4125'-  
E540' & EXC S1141.95'- N2904.33'- SH1  
TR 44 ABST 54 TOLUCA RANCH PART 28.39AC  
NET  
1/4 MILE E OF FM 1015  
OWNER: ACN AGRIPRODUCTS LLC

2018 OVERAGE AMOUNT \$9,072.52

Loan #:

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 50: PROGRESO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 956-373-7748
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2018 and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	10,217.00
	Total tax, penalty, and interest amount owed for the year	1,144.48
	Amount of refund claimed	9,072.52
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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 5/21/2020
	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	
AUDITORS USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Maria A. Duran Date: 6-30-20
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Paul Villarreal Date: 6/17/2020

This application must be completed, signed, and submitted with supporting documentation to be valid.

6/18

6-18-2020

JAN 14 2020 58



PABLO (PAUL) VILLARREAL JR., PCC  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTX.ORG

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Print Date: 12/19/2019

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 6/30/20 MR

CORELOGIC &  
 3001 HACKBERRY RD  
 WESTERN REGION SERVICE CENTER - DFW 4-5  
 IRVING, TX 75063-015

7-6-20  
 dic 7/16/2020

Account Number L0920-01-000-0030-00 & HCAD No. 729456 &
Legal Description of the Property LA FLORESTA PH I LOT 30  1809 STANFORD AVE
OWNER: WIGEN ROZELLA M & LEO R ✓

2019 OVERAGE AMOUNT \$3,182.42 &

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE  
 Loan #: 3001223449

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	CORELOGIC	Relationship to Property Owner	Mortgage Comp.
	Mailing Address	PO BOX 9202	Daytime Telephone Number	817-699-3910
	City, State, Zip Code	EDPELLE, TX 75019	Email Address:	gg@corelogic.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2019 and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/>	Overpaid the account		
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$5398.53		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$3182.42		
Step 5: How should the refund be processed?	<input type="checkbox"/>	Mail to Property Owner		
	<input checked="" type="checkbox"/>	Mail to Payer at address in Step 1		
	<input type="checkbox"/>	Transfer this amount to account	For tax year	
	<input type="checkbox"/>	Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	SIGN HERE		Date of application	
	Migourescu &		2/13/20	
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				
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: Maria A. Duran Date: 7-2-20	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: Paul Villarreal Date: 2/18/2020	

front & back →

This application must be completed, signed, and submitted with supporting documentation to be valid.

2/20 &

6/12