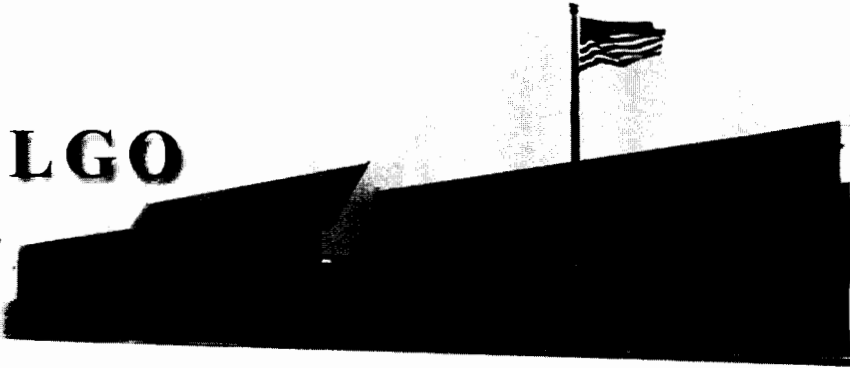


Office of Tax Assessor-Collector

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

July 20, 2020

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

Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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. JEP

Pablo (Paul) Villarreal, Jr., PCC

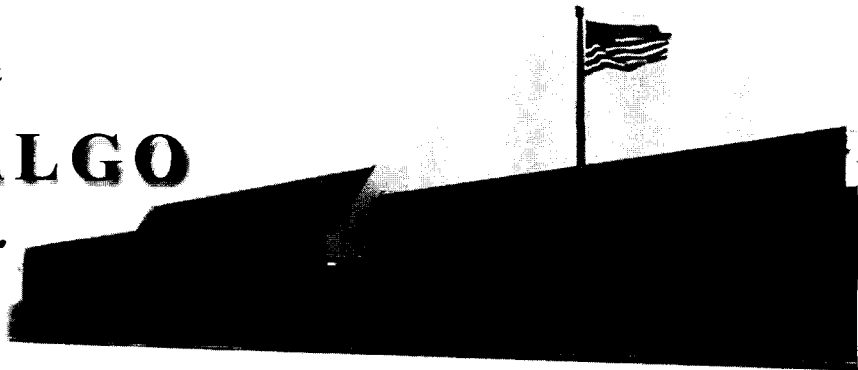
NR

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

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



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ACCOUNT NUMBER	PAYER	AMOUNT
A2600.04.000.0003.00	AARONSON LIMITED PRTNRSHP THE	\$12,385.76
C1530.00.000.000B.00	HAAS PAUL J	\$11,270.61
H0111.00.000.0001.00	HEB GROCERY COMPANY LP	\$23,430.87
H0112.00.001.0001.00	HEB GROCERY CO	\$10,979.21
H0160.02.000.0002.00	H E BUTT GROCERY COMPANY	\$4,914.83
M2069.00.000.000A.00	HEB GROCERY COMPANY LP	\$9,623.89
P2344.00.000.0001.00	HEB GROCERY COMPANY LP	\$11,519.66
R1953.00.000.0001.00	AARONSON LIMITED PARTNERSHIP	\$12,595.12



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 AARONSON LIMITED PRTRNSHP THE †
	Present mailing address (number and street) 1300 SAN PATRICIA DR
	City, town or post office, state, ZIP code PHARR, TX 78577-2100
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALBRAD NO 4 LOT 3**

**Step 2:
Describe the property**

Address or location of property:
530423 †

Account number of property: **A2600.04.000.0003.00 †** OR Tax receipt number: **43131773**

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	\$ 99,759.53
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 12,385.76 †

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER # C-3516-19-G †**

PER ORDER PAY BY: 08/24/2020

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.

**Step 5:
Tax refund Determination**

This tax refund is Approved Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **7/17/2020**

Authorized officer: **sign here** [Signature: Maria A. Duran] Date: **7-17-2020**

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: Jane Dell] Date: **6/22/2020**

6/23

6/18/2020

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 HAAS PAUL J †
	Present mailing address (number and street) 13219 HUNTERS VIEW
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78230-2031
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **CAPITOL ASSET LOT B**


Step 2: Describe the property	Address or location of property:
	132533 †
	Account number of property: C1530.00.000.000B.00 †
	Tax receipt number: OR 43131773

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	\$ 59,000.16
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 11,270.61

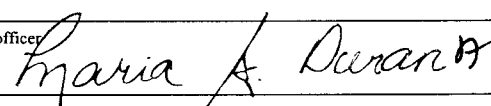
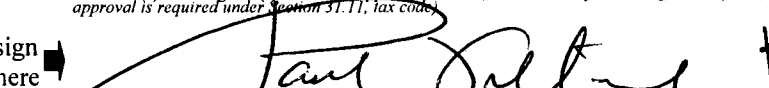
Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER # C-3516-19-G †**

PER ORDER PAY BY: 08/24/2020

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 	Date of application for tax refund

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

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 7-20-20
	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 6/20/2020

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **7/17/2020**

RL 7-17-2020
7/29/2020

6/23

06/23/2020

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

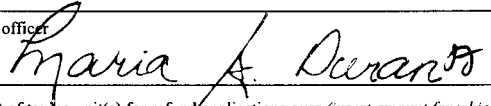
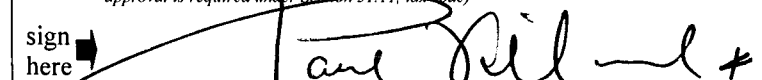
To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name 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)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): HEB PHARR LOT 1 EXC W200-E1146.55-N218.50	
	& EXC S217.80-N813.63-E255.78	
	Address or location of property: 815016 #	
	Account number of property: H0111.00.000.0001.00 #	Tax receipt number: OR 43228710

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	01/27 / 2020	\$ 528,207.02	\$ 23,430.87
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 23,430.87 #
Taxpayer's reason for refund (attach supporting documentation): COURT ORDER # C-3873-19D					
PER ORDER PAY BY: 08/22/2020					
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 	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: 7-17-2020 JGA 7-17-20 PL 7/24/2020	
	Authorized officer sign here 	Date 7-20-20		
	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 6/22/2020		

6/23

6/15/2020

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 CO / 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 SAN JUAN LOT 1 BLK 1**

Step 2: Describe the property	Address or location of property: 685861
	Account number of property: H0112.00.001.0001.00
	Tax receipt number: OR 43228710

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	01/27 / 2020	\$ 192,720.33	\$ 10,979.21
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 10,979.21

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-3873-19-D**

PER ORDER PAY BY:08/22/2020

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	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: 7/17/20

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 7-20-20
	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 6/22/2020

Maria A. Duran

Jane Hill

6/23

6-15-2020

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 H E BUTT GROCERY COMPANY / 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 WESLACO # 2 LOT 2**

Step 2: Describe the property	Address or location of property: 611083
	Account number of property: H0160.02.000.0002.00
	Tax receipt number: OR 43228710

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	01/27 / 2020	\$ 92,122.14	\$ 4,914.83
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4,914.83
Taxpayer's reason for refund (attach supporting documentation): COURT ORDER # C-3873-19-D					
PER ORDER PAY BY: 08/22/2020					
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	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: 7/17/2020</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 7-10-20
	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 Hill</i>	Date 6/22/2020

6/23

6/15/2020

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 #
	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): **MCALLEN 3 COMMERCIAL LOT A**


Step 2: Describe the property	Address or location of property:
	961074 #
	Account number of property: Tax receipt number:
	M2069.00.000.000A.00 # OR 43228710

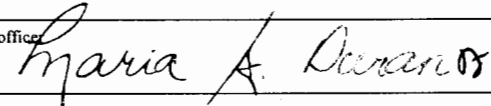
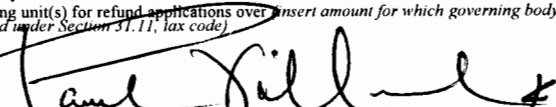
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2019	01/27	/ 2020	\$ 198,720.69
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 9,623.89 #

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER # C-3873-19D**

PER ORDER PAY BY: 08/22/2020

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 	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>		

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: 7-17-2020 JG 7-17-20 RLP 07/20/2020	
	Authorized officer sign here 	Date 7-20-20	Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.11, tax code) sign here 	Date 6/22/2020

6/23

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

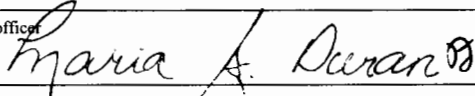
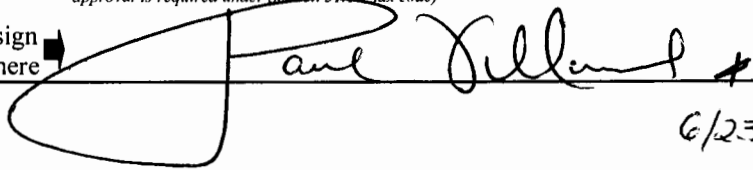
To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name HEB GROCERY COMPANY LP #
	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)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): PALMHURST COMMERCIAL LOT 1
	Address or location of property: 958837 #
	Account number of property: P2344.00.000.0001.00 #
	Tax receipt number: OR 41879678

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	01/27 / 2020	\$ 217,166.06	\$ 11,519.66
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 11,519.66 #
Taxpayer's reason for refund (attach supporting documentation): COURT ORDER # C-3873-19D					
PER ORDER PAY BY: 08/22/2020					
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 	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
	sign here 		DATE: 7-17-2020 JG 7-17-20 ll 7/20/2020
	Authorized officer	Date	Date
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)	sign here 	Date	Date
			6/22/2020

6/23

6-15-2020

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 AARONSON LIMITED PARTNERSHIP 4
	Present mailing address (number and street) 1300 SAN PATRICIA DR
	City, town or post office, state, ZIP code PHARR, TX 78577-2100
	Phone (area code and number)

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


Step 2: Describe the property	Address or location of property:
	530418 4
	Account number of property: R1953.00.000.0001.00 4
	Tax receipt number: OR 43131773

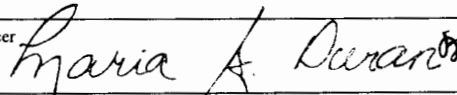

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2019	01/24 / 2020	\$ 174,971.72
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 12,595.12 4

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER # C-3516-19-G 4**

PER ORDER PAY BY: 08/24/2020

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 	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: 7/17/2020 <i>7-17-2020</i>
	Authorized officer sign here 	Date 7-20-20
	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 6/22/2020

6/23

02/06/2020
6/18/2020