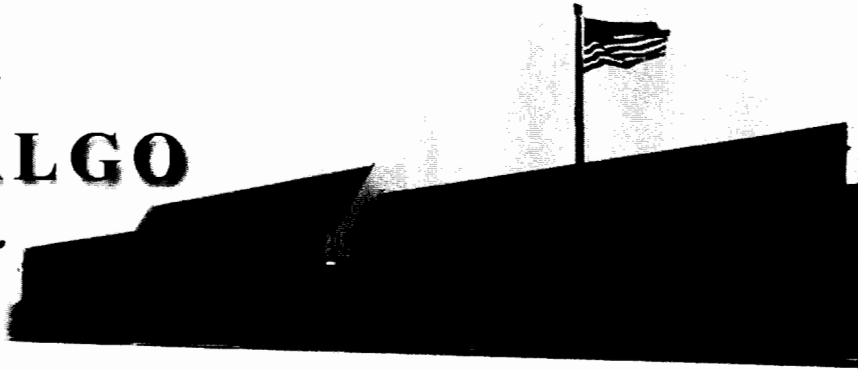


Office of Tax Assessor-Collector

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

August 5, 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,

Handwritten signature of Pablo (Paul) Villarreal, Jr. in cursive script. The signature includes a small mark above the 'r' in 'Villarreal'.

Pablo (Paul) Villarreal, Jr., PCC

NR

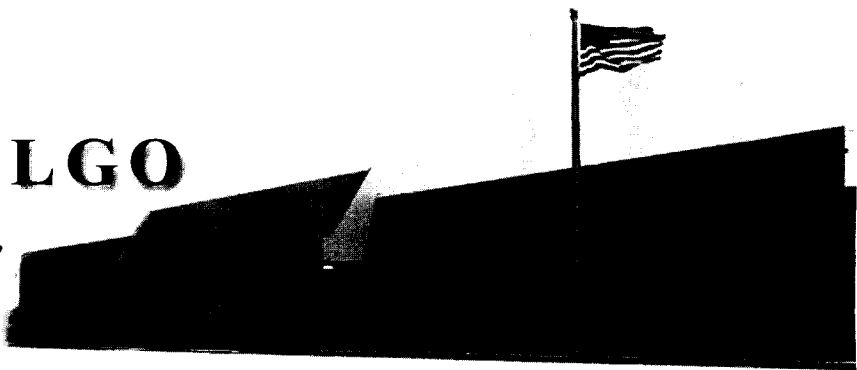
Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|-----------|------------|
| P4404.01.000.0073.00 | NOE LOPEZ | \$3,911.45 |



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: 7/28/2020
D.C. 8/4/2020

| |
|---|
| Account Number P4404-01-000-0073-00 HCAD No. 639617 |
| Legal Description of the Property PASEO LINDO PH 1, SHARYLAND PLANTATION VILLAGE LOT 73 3300 SANTA TERESA OWNER: LOPEZ NOE A & MARIA E PENA LOPEZ |

NOE LOPEZ
2811 SANTA MONICA
MISSION, TX. 78572-7183

2019 OVERAGE AMOUNT \$3,911.45

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 | Relationship to Property Owner |
| | Mailing Address | Daytime Telephone Number |
| | 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 <u>2019</u> 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 checked="" type="checkbox"/> Duplicate payment | <u>MORTGAGE BANK ALSO PAID TAX FOR 2019</u> |
| | <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 | Date of application <u>6-22-2020</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 A. Duran</u> Date: <u>8-4-20</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>Paul Villarreal</u> Date: <u>7/1/2020</u> |

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

7/7

Handwritten initials and date: 7/7/2020