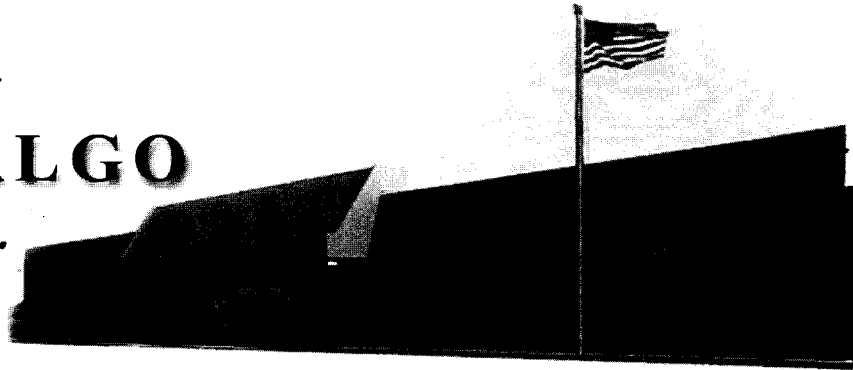


Office of Tax Assessor-Collector

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

January 20, 2021

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,

A handwritten signature in cursive that reads "Pablo (Paul) Villarreal, Jr." The signature is written in dark ink and is positioned above the typed name.

Pablo (Paul) Villarreal, Jr., PCC

BR

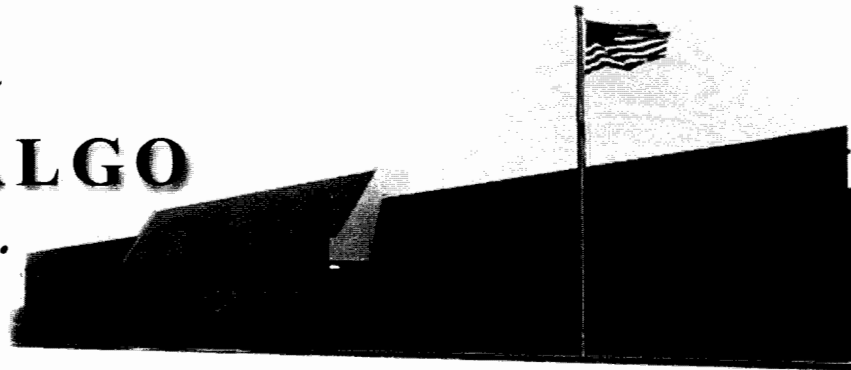
Enclosure



Office of Tax Assessor-Collector

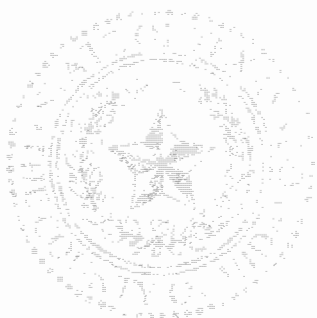
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ACCOUNT NUMBER	PAYER	AMOUNT
K2400.00.000.0377.07	VANTAGE BANK	\$5,178.23
M0618.99.000.00C2.06	TU VIDA MEDICAL TRANSPORT INC	\$8,801.49



DATE: 01/21/2021 Karan R.

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Rayvaldo Cantu Acct 1/15/21	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	J& 1/19/2021	
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: **SOUTH TEXAS ELECTRIC COOPERATIVE INC PD BY: VANTAGE BANK 4**

Present mailing address (number and street): **PO BOX 119**

City, town or post office, state, ZIP code: **NURSERY, TX 77976-0119**

Phone (area code and number):

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT E473.24' W823.24' N368' LOT 177**

Step 2: Describe the property

4.00 AC GR 3.78 AC NET

Address or location of property:

696165 4

Account number of property: **K2400.00.000.0377.07 4** OR **45285389**

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	2020 4	12/15 / 2020	\$ 5,178.25	\$ 5,178.25 4
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 5,178.25 4

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR.**

AS PER VANTAGE BANK THEY ARE NOT RESPONSIBLE TO PAY FOR THE PROPERTY TAXES. REFUND DUE BACK TO VANTAGE BANK. 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: *Christina Martinez*

Date of application for tax refund: **1/6/21**

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 sign here: *Linda Jorg* Date: **01/19/2021**

Collector(s) of taxing unit(s) sign and application over (insert amount for which governing body approved to request refund? Section 37.11, tax code) sign here: *Jane Bell* 4 Date: **1/11/2021**

408
1/11/21



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: 11/16/2020

TU VIDA MEDICAL TRANSPORT INC
 4717 S SUGAR RD STE H
 EDINBURG, TX 78539

Reynaldo Cantu A/A 1/15/21

AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *12/18/20* *Karen R.*

JL 1/20/2021

Account Number M0618-99-000-00C2-06 † HCAD No. 1182182 †
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 918 S UTAH AVE STE A-1/ NEW ACCT 2019 918 S UTAH AVE STE-A1 78596 † OWNER: VIDA MEDICAL TRANSPORT †
2020 OVERAGE AMOUNT \$8,801.49 †

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone No. <i>(956) 647-5342</i>
	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 _____ 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 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 <i>Magdalena Lorene</i>	Date of application <i>12-10-20</i>
	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: <i>Arda Jorg</i> Date: <i>01/20/2021</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: <i>12/19/2020</i>

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