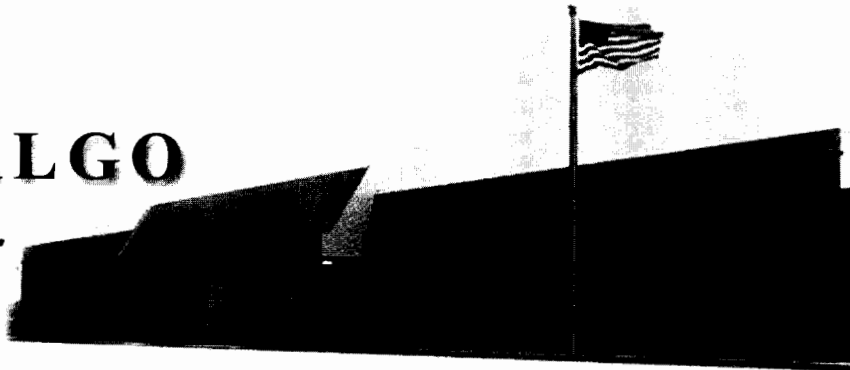


Office of Tax Assessor-Collector

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

March 26, 2021

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

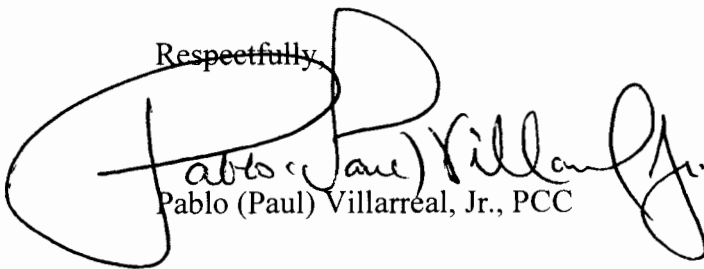
Re: See attached list

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,


Pablo (Paul) Villarreal, Jr., PCC

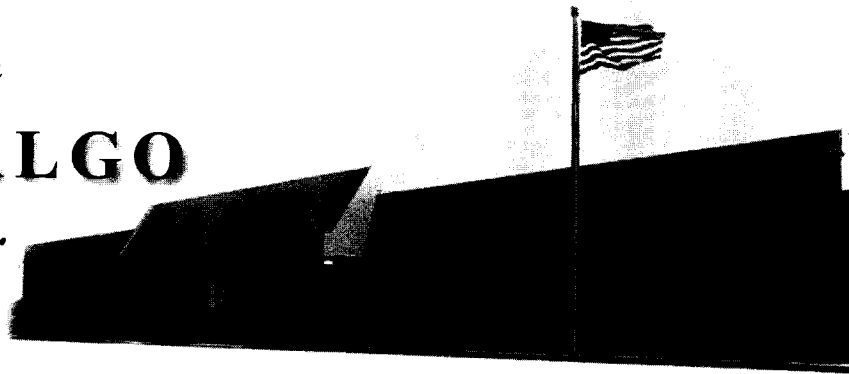
BR

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
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ACCOUNT NUMBER	PAYER	AMOUNT
C4477.00.000.0002.00	SHAVI MAHTANI	\$7,260.61
C8220.02.000.0090.00	WELLS FARGO	\$5,299.73
F6150.99.000.0002.09	FOX PACKAGING	\$5,000.00
I7050.03.000.0084.00	WELLS FARGO	\$3,962.74
L1956.01.000.0026.00	WELLS FARGO	\$7,855.90
N3020.3A.000.001A.00	JUDI MOLINA	\$18,233.05
R1755.01.002.0019.00	WELLS FARGO	\$3,274.66
S2950.00.000.0287.00	ESPONJAS DEVELOPMENT LTD	\$6,405.80
T2100.00.246.0010.15	SIERRA TITLE OF HIDALGO COUNTY INC	\$3,795.88
T7750.97.SMI.0016.05	WILDER LLC	\$2,583.42
V3053.00.000.0001.00	PAYNE PREOWNED MCALLEN	\$3,628.77
V3630.03.000.0014.00	ROBERT FOUNTILA MD	\$4,000.00
W0100.00.027.0002.01	EDWARDS ABSTRACT AND TITLE CO	\$3,000.00
W4400.00.000.0019.00	PRIMA VISTA SUBD	\$7,974.84



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: 01/07/2021

SHAVI MAHTANI
 100 E NOLANA AVE., STE 130
 MCALLEN, TX 78504

Rayaldo Carter Aced 3/23/2021

APPROVED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/23/21 Karen K

JL
 3/24/2021

Account Number C4477-00-000-0002-00 1
HCAD No. 651000 4
Legal Description of the Property CIRCLE 'K' STORE NO 9132 LOT 2 4420 WHWY 107
OWNER: DOMAIN DEVELOPMENT CORP 4

2020 OVERAGE AMOUNT \$7,260.61 4

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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 956-661-8888
	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>[Signature]</i>	Date of application 1/19/21
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 03/25/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 1/22/21

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

[Handwritten initials]
 1/22/21



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: 12/16/2020

0479252462-9

WELLS FARGO
 MAC X2502-011
 1 HOME CAMPUS
 DES MOINES, IA 50328-000

J&J 3/24/2021
 3/23/2021
Rayaldo Cantu

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/23/21 *KARON R.*

Account Number C8220-02-000-0090-00 HCAD No. 682595
Legal Description of the Property CORNERSTONE MEADOW ESTATES PH 2 LOT 90 1310 CHALCEDONY DR
OWNER: GONZALEZ BETZAIDA VALENTIN & ROLAND VARG

2020 OVERAGE AMOUNT \$5,299.73

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

Loan #: 936-0479252462

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 Wells Fargo Home Mortgage	Relationship to Property Owner mortgage company
	Mailing Address 1 Home Campus MAC F2302-04D	Daytime Telephone Number 210-812-4120
	City, State, Zip Code Des Moines IA 503028	Email Address: josephine.campos@wellsfargo.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2020 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	\$5299.73
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$5299.73
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	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>Josephine Campos</i>	Date of application: 1/12/2021
	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>Jonda Farg</i> Date: 03/25/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villareal</i> Date: 1/22/21

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

CA
1/21



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: 02/02/2021

FOX PACKAGING
P.O. BOX 2288
MCALLEN, TX 78502

Payable Center Acted 3/23/2021

AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE 3/24/2021

Account Number F6150-99-000-0002-09A HCAD No. 1186160A
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 2000 FOX DR/ NEW ACCT 2019
2000 FOX DR 78504
OWNER: KENNETH FOX SUPPLY CO INC
2020 OVERAGE AMOUNT \$5,000.00

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN 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>Kenneth Fox Supply Co Inc</u>	Relationship to Property Owner
	Mailing Address <u>P.O. Box 2288</u>	Daytime Telephone Number <u>956-682-6176</u>
	City, State, Zip Code <u>McAllen, TX 78502-2288</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 <u>2020</u> 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	<u>97,738.54</u>
	Total tax, penalty, and interest amount owed for the year	<u>- 0 -</u>
	Amount of refund claimed	<u>5,000.00</u>
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	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>[Signature]</u>	Date of application <u>2/8/2021</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>[Signature]</u> Date: <u>03/24/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>2/15/2021</u>

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



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: 12/16/2020

WELLS FARGO
MAC X1502-011
1 HOME CAMPUS
DES MOINES, IA 50328-000

3/24/2021
Raynaldo Cantu 3/23/2021

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *02/23/21 Karen R.*

Account Number I7050-03-000-0084-00
HCAD No. 653668
Legal Description of the Property IOWA GARDENS ESTATES PH 3 LOT 84
1611 VERBENA ST
OWNER: OROZCO KARINA SILVA
2020 OVERAGE AMOUNT \$3,962.74

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #3, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

Loan #: 936-0559816814

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 Wells Fargo Home Mortgage	Relationship to Property Owner Mortgage company
	Mailing Address 1 Home Campus MAC F2302-04D	Daytime Telephone Number 210-812-4120
	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>2020</u> 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	\$3962.74
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$3962.74
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	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>Josephine Gamboa</i>	Date of application 1/12/2021
	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: Approved Denied By: *Paul Villarreal* Date: 03/25/2021

TAX OFFICE USE ONLY: Approved Denied By: *Paul Villarreal* Date: *1/22/21*

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



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: 12/16/2020

0542205588

WELLS FARGO
 MAC X2502-011
 1 HOME CAMPUS
 DES MOINES, IA 50328-000

JL 3/24/2021
 Reynaldo Cantu SAA 3/23/2021
 Audited By: *Karen Ramirez*

Account Number L1956-01-000-0026-00
HCAD No. 20407340
Legal Description of the Property LA SIENNA DEVELOPMENT THE COVES PH I SEC 1 LOT 26 - AMENDED
4306 STILLWATER COVE
OWNER: MALDONADO ARNOLDO A & CYNTHIA DUARTE

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
 2020 OVERAGE AMOUNT \$7,855.90
 Loan #: 936-0542205588

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 Wells Fargo Home Mortgage	Relationship to Property Owner mortgage company
	Mailing Address 1 Home Campus MAC F2302-04D	Daytime Telephone Number 210-812-4120
	City, State, Zip Code Des Moines IA 50328	Email Address: josephine.campos@wellsfargo.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2020 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	\$7855.90
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$7855.90
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	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>Josephine Campos</i>	Date of application 1/12/2021
	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: Approved Denied By: *Shera Foy* Date: 03/25/2021
 TAX OFFICE USE ONLY: Approved Denied By: *Paul* Date: 1/22/21

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

1/22/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Reynaldo Cantu A.A. 3/17/2021	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	JL 3/24/2021	
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 BOGGUS MS PROPERTIES LLC (PAYER: JUDI MOLINA)	
	Present mailing address (number and street) PO BOX 2318	
	City, town or post office, state, ZIP code MCALLEN, TX 78502-2318	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CENTER PH 3A LOT 1A EXC	
	S152.31'-E154.308'	
	Address or location of property: 900 W NOLANA AVE	
	901861 A	
	Account number of property: N3020-3A-000-001A-00 A	Tax receipt number: OR 45357901

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 A	12/17	/ 2020	\$ 18,233.05
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ TOTAL	\$ 18,233.05 A

Taxpayer's reason for refund (attach supporting documentation): **TAXPAYER PAID ON ACCOUNT BY ERROR. TAXPAYER IS REQUESTING FUNDS BACK**

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 Signature <i>Yvonne A. Stuber</i>	Date of application for tax refund 2/2/2021

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	
	sign here Authorized officer <i>Linda Fong</i>	Date 03/25/2021
	sign here Collector(s) of taxing unit(s) [insert amount for which governing body approval is required under Section 31.2], tax code <i>[Signature]</i>	Date 3/3/2021



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: 12/16/2020

WELLS FARGO
 MAC #2902-044 F2302-04D
 1 HOME CAMPUS
 DES MOINES, IA 50328-000

3/24/2021
Raynaldo Cantu 3/23/2021

AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/22/21 *Korner*

Account Number R1755-01-002-0019-00 4
HCAD No. 268644 4
Legal Description of the Property REGENCY PARK ESTATES #1 LOT 19 BLK 2 7001 N 30TH ST
OWNER: FLORES ARMANDO A & BRANDI N 4
2020 OVERAGE AMOUNT \$3,274.66 4

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 936-0493781876

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	Wells Fargo Home Mortgage	Relationship to Property Owner	Mortgage Company	
	Mailing Address	1 Home Campus, MAC F2302-04D		Daytime Telephone Number	210-812-4155
	City, State, Zip Code	Des Moines, IA 50328	Email Address:	barbara.kincaid@wellsfargo.com	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2020</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				
	<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	3274.66			
	Total tax, penalty, and interest amount owed for the year	3274.66			
	Amount of refund claimed	3274.66			
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				
	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			Date of application	
	SIGN <i>Barbara Kincaid</i> HERE: Barbara Kincaid, on behalf of Wells Fargo Home Mortgage			<u>1-12-2021</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: Approved Denied By: *Jorda Jorg* Date: 03/24/2021

TAX OFFICE USE ONLY: Approved Denied By: *[Signature]* Date: 1/22/21

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



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: 01/13/2021

ESPONJAS DEVELOPMENT LTD
 BUILDING FOR THE FUTURE
 2912 S JACKSON RD
 MCALLEN, TX 78503

Raynaldo Cantu A.A. 3/23/2021
 AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *02/22/21* *KARON R.*
JL 3/24/2021

Account Number S2950-00-000-0287-00
HCAD No. 281503
Legal Description of the Property JOHN H SHARY N317.56'-W190.56' LOT 287 1.39AC GR. .86AC NET
2916 N TAYLOR RD
OWNER: ESPONJAS DEVELOPMENT LTD
2020 OVERAGE AMOUNT \$6,405.80

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 34: 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. Application 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 <i>956-454-7247</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	<i>253,803.86</i>
	Total tax, penalty, and interest amount owed for the year	<i>0</i>
	Amount of refund claimed	<i>6,405.80</i>
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>[Signature]</i>	Date of application <i>2-5-21</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>[Signature]</i> Date: <i>03/24/2021</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>2/12/2021</i>

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



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: 01/07/2021

Account Number T2100-00-246-0010-15 1
HCAD No. 295962 4
Legal Description of the Property TBX-MEX SURVEY E125'-W424.2'-N210' & E225'-W524.2'-N180 -S476.67' A/K/A TRS 1 & 4 LOT 10 BLK 246 1.53AC
1702 E CHAPIN
OWNER: PEREZ ARNOLD 4
2020 OVERAGE AMOUNT \$3,795.88 4

Raynaldo Cantu AdA 3/23/2021

SIERRA TITLE OF HIDALGO COUNTY INC 4
 3401 N 10TH ST
 MCALLEN, TX 78501

RECEIVED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/23/21 *KARON R*

Je 3/24/2021

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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: <i>956-608</i>
	City, State, Zip Code	Email Address: <i>832</i>
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 <i>Attach copies of cancelled checks only if refund is over \$500.00</i>	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	
	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>[Signature]</i>	Date of application: <i>1/15/21</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: Approved Denied By: *Jorda Farris* Date: *03/25/2021*

TAX OFFICE USE ONLY: Approved Denied By: *Paul Villareal* Date: *4/22/21*

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



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: 12/28/2020

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 3/24/21 *E.L.*

Raynaldo Cantu 3/24/2021

HCTO

WILDER LLC
513 N. BELCHER RD.
CLEARWATER, FL 33765

JL 3/24/2021

Account Number T7750-97-SMI-0016-05 HCAD No. 1125537
Legal Description of the Property TROPIC STAR PARK,SPACE 16 SMITH 14X66 MD#97TRU14663BH17, SERIAL# BEL007268TX, LABEL# NTA1763101/ NEW ACCT 2018 1401 S CAGE BLVD 78577 OWNER: WILDER LLC DBA TROPIC STAR

2020 OVERAGE AMOUNT \$2,583.42

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 43: PHARR,SAN JUAN,ALAMO 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>2020</u> 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	1,078,601.00
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	2583.42
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 checked="" type="checkbox"/> Transfer this amount to account <i>See taxpayer memo</i> 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>[Signature]</i>	Date of application 1/18/21
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 03/25/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 1/14/2021

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



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: 02/01/2021

PAYNE PROWNEED MCALLEN
 1713 W EXPRESSWAY 83
 MCALLEN, TX 78503

Raynaldo Cantu Aded 3/23/2021

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE *02/22/21 Karen R.*

JL 3/24/2021

Account Number V3053-00-000-0001-00 4 HCAD No. 503133 4
Legal Description of the Property VELEZ LOT 1 1713 QUEBEC AVE OWNER: EMP HOLDINGS LLC 4
2020 OVERAGE AMOUNT \$3,628.77

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN 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. Application 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 <i>(956) 584-6300</i>
	City, State, Zip Code	Email Address: <i>Kassandra S@paynegrp</i>
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	<i>27,149.52</i>
	Total tax, penalty, and interest amount owed for the year	<i>0</i>
	Amount of refund claimed	<i>3,628.77</i>
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	<i>1241609</i>
	<input checked="" type="checkbox"/> Transfer this amount to account	<i>V3053-99-00-0001-00 For tax year 2020</i>
	<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 information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <i>2/8/2021</i>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>03/24/2021</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>2/12/2021</i>

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



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: 12/04/2020

ROBERT FOUNTILA MD
 3224 ROSE ELLEN DR
 MCALLEN, TX 78503

JL 3/24/2021
 Payable Certificate 3/23/2021

AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/25/21 Karen R.

Account Number V3630-03-000-0014-00 4
HCAD No. 693784 4
Legal Description of the Property VILLA ESPANA ESTATES PH 3 LOT 14 2513 CALLE MADRID
OWNER: FOUNTILA INVESTMENTS LLC 4
2020 OVERAGE AMOUNT \$4,000.00 4

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 43: PHARR, SAN JUAN, ALAMO 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 Robert Fountila	Relationship to Property Owner
	Mailing Address 3224 Rose Ellen Dr.	Daytime Telephone Number 9566312695
	City, State, Zip Code McAllen, TX 78503	Email Address: robert.fountila@aol.com
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 Robert Fountila	
	<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 Robert Fountila	Date of application 1-3-21
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Linda Fong Date: 03/25/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: Paul Sel Date: 1/22/21

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

GRD
1/27/21



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: 01/26/2021

EDWARDS ABSTRACT AND TITLE CO
 4228 N MCCOLL RD
 MCALLEN, TX 78504

3/24/2021
 3/23/2021
 AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02/23/21 KATON P.

Account Number W0100-00-027-0002-01
HCAD No. 317094
Legal Description of the Property WEST ADDN TO SHARYLAND S216'-N241' LOT 27-2 6.545 AC NET
2901 N LOS EBANOS RD
OWNER: AMPLEO LLP
2020 OVERAGE AMOUNT \$3,000.00

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 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 956-622-4951
	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>Paul</i>	Date of application 2-5-21
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Linda Jorg</i> Date: 03/25/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul</i> Date: 2/10/2021

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



PARLO (PAUL) VILLARREAL JR., J.D.
Hidalgo County Tax Assessor/Collector

PO BOX 778 EDINBURG, TX 78101-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 12/29/2020

PRIMA VISTA SUBD
1633 N 10TH ST
MCALLEN, TX 78501

JL 3/24/2021
Raynaldo Cantu *Adel* 3/23/2021

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE 02/23/21 *Kortner*

Account Number W4400-00-000-0019-00 <i>A</i>
HCAD No. 328112 <i>A</i>
Legal Description of the Property WESTVIEW PLACE LOTS 19,20 & 21
801 W STUBBS ST
OWNER: MOFFITT JM & WD MOSCHEL <i>A</i>
2020 OVERAGE AMOUNT \$7,974.84 <i>A</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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	Prima Vista Subd.		Relationship to Property Owner	Acct. owned by Moffitt & Moschel
	Mailing Address	1633 N. 10th		Daytime Telephone Number	(956) 682-8373
	City, State, Zip Code	McAllen		Email Address:	wmoschel@att.net
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2020</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				
	<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	7,974.84			
	Total tax, penalty, and interest amount owed for the year	0.00			
	Amount of refund claimed	7,974.84			
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	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				Date of application
	SIGN HERE <i>W F Moschel</i>		<i>1-11-2021</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>Randa Jones</i>	Date: 03/25/2021	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>Randa Jones</i>	Date: <i>1/22/21</i>	

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

Cap 1/21