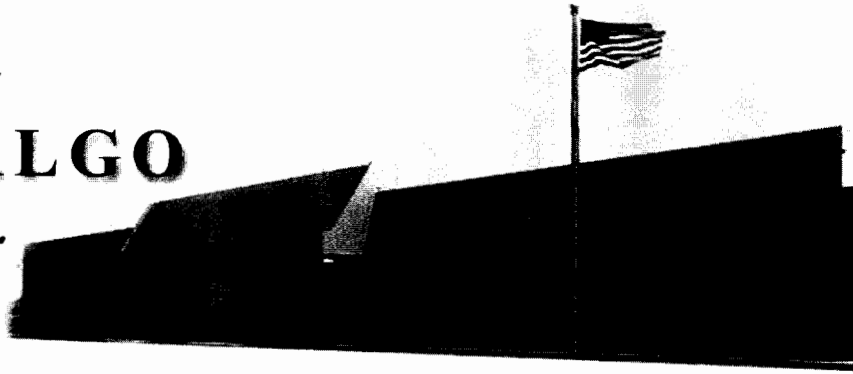


Office of Tax Assessor-Collector

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

April 22, 2021

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

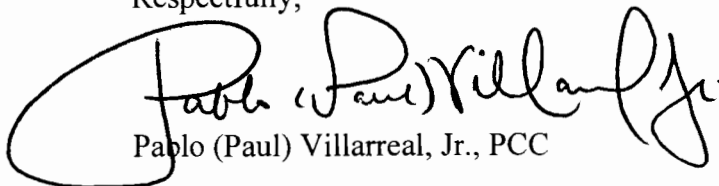
Re: See attached list

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

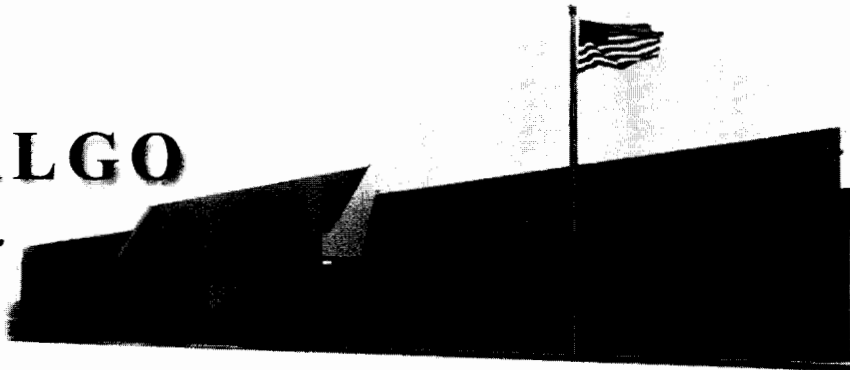
BR

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
00117.90.690.0005.10	BADEN TAX MANAGEMENT LLC	\$4,607.58
18722.83.589.6800.00	EXXON MOBIL CORPORATION	\$3,170.46
H0850.99.002.0097.17	INTERNATIONAL PAPER	\$4,035.84
M1120.99.005.0009.00	HEALTH CARE UNLIMITED INC	\$6,278.35
S2950.00.000.0511.30	LONE STAR NATIONAL BANK	\$4,471.33
S3004.99.000.011A.07	RYAN TAX COMPLIANCE SERVICES LLC	\$4,544.46
T3661.00.000.0024.00	CHAPA GROUP LTD	\$8,889.77



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: 02/08/2021

AUDITED BY THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 4/1/21 MR

Raygaleto Carter A/Ad 4/21/21

JL 4/21/2021

BADEN TAX MANAGEMENT LLC
 6920 POINTE INVERNESS WAY, SUITE 301
 FORT WAYNE, IN 46804

Account Number 00117-90-690-0005-10 † HCAD No. 1139810 †
Legal Description of the Property INVENTORY
OWNER: MARTIN MARIETTA GRECO FIT †

2020 OVERAGE AMOUNT \$4,607.58 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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 Baden Tax Management LLC	Relationship to Property Owner Agent
	Mailing Address 6920 Pointe Inverness Way, Ste 301	Daytime Telephone Number (954) 729-6727
	City, State, Zip Code Ft Wayne, IN 46804	Email Address: jvigliano@badentax.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 type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) Payment was applied to the incorrect account	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	4,607.58
	Total tax, penalty, and interest amount owed for the year	0
	Amount of refund claimed	4,607.58
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 checked="" type="checkbox"/> Transfer this amount to account	For tax year <u>2020</u> PID 624844; Acct D3200-00-116-0004-05
	<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>JL & Churchill</i> †	Date of application 3/2/2021
	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	

AUDITORS USE ONLY: Approved Denied By: *David Jorg* Date: 04/21/2021

TAX OFFICE USE ONLY: Approved Denied By: *Paul Villarreal* Date: 3/9/2021

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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG
 Print Date: 02/02/2021

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 4/15/21 MR

Reynaldo Cantu 4/21/21 *JL* 4/21/2021

**EXXON MOBIL CORPORATION &
 OR AN AFFILIATED COMPANY**
 P.O. BOX 7859
 SPRING, TX 77387

Account Number 18722-83-589-6800-00 *
HCAD No. 105717 *
Legal Description of the Property 18722,8 WESLACO GAS UN (Q/D), URBAN OIL & GAS GROUP, OR., 164063
OWNER: MOBIL PROD TEX & NM d

2020 OVERAGE AMOUNT \$3,170.46

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 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 shows above	Name <u>Mobil Prod. Tex & NM</u>	Relationship to Property Owner
	Mailing Address <u>P.O. Box 64106</u>	Daytime Telephone Number
	City, State, Zip Code <u>Spring, TX 77387</u>	Email Address: <u>scott.b.emanis@mobil.com</u>
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	Overpaid the account <input checked="" type="checkbox"/>	
	Duplicate payment <input type="checkbox"/>	
	Paid in error (explain) <input type="checkbox"/>	
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?	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
	Escrow for next year's taxes <input type="checkbox"/>	
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 <u>02 MAR 21</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>04/21/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/9/2021</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: 02/02/2021

INTERNATIONAL PAPER
 6400 POPLAR AVENUE
 MEMPHIS, TN 38197

JL 4/21/2021
Raynaldo Cantu 4/20/21

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 04/05/21 Karen R.

Account Number
 H0850-99-002-0097-17
 HCAD No. 1155181
 Legal Description of the Property
 INVENTORY AT 200 N 26TH ST (184-2
 EDINBURG) INSIDE INTL PAPER CO/NEW
 ACCT 2018
 200 N 26TH 78501
 OWNER: INTERNATIONAL PAPER CO

2020 OVERAGE AMOUNT \$4,035.84

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 International Paper Company		Relationship to Property Owner Corporation	
	Mailing Address PO Box 2118		Daytime Telephone Number 901-419-8025	
	City, State, Zip Code Memphis, TN 38101-2118		Email Address: Jacqueline.leon@ipaper.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 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			
	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 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>Steve Towler</i>	Date of application	<u>3/5/2021</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: *Barbara Jorg* Date: 04/21/2021

TAX OFFICE USE ONLY: Approved Denied By: *Paul Vill* Date: 3/25/2021

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 EDDENBURG, TX 78540-0178

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 12/30/2020

R
 MAR 11 2021
 BY: _____

HECO
 HEALTH CARE UNLIMITED INC
 1100 E LAUREL SUITE 100
 MCALLEN, TX 78501

See 4/21/2021
 AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: *04/06/21 KAREN R.*

Raynaldo Cantu A.A. 4/9/2021

Account Number M1120-99-005-0009-00
HCAD No. 20827102
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 1400 E LAUREL / NEW ACCT 2010
1400 E LAUREL 78501
OWNER: HEALTH CARE UNLIMITED
2020 OVERAGE AMOUNT \$6,278.35

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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 _____ 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 <i>765611</i>	
	<input type="checkbox"/> Transfer this amount to account <i>F6030-99-000-005A</i> For tax year <i>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 the information I have given on this form is true and correct	
	SIGN HERE	Date of application <i>3.17.21</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: *Donna Jorg* Date: *04/21/2021*

TAX OFFICE USE ONLY: Approved Denied By: *Paul Villarreal* Date: *3/29/2021*

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

CHP 3/29/21

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 04/13/20 KAYE/R

Ruyalido Cantu Ac/Ad 4/20/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	<i>JL</i> 4/21/2021	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-ICC
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 MAIN RANDY O & KATHRYN M PAID BY: LONE STAR NATIONAL BANK
	Present mailing address (number and street) 12100 N STEWART RD
	City, town or post office, state, ZIP code MISSION, TX 78573-7344
	Phone (area code and number) (956) 661-4838

Legal description (or attach copy of the tax bill or tax receipt): **JOHN H SHARY E522' W1004.75' LOT 511 3.68AC NET**

Step 2: Describe the property	Address or location of property: 569354
	Account number of property: S2950.00.000.0511.30
	Tax receipt number: OR 42461519

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 <i>4</i>	12/27	1 2019	\$ 4,471.33
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 4,471.33

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. AS PER LSNB NOT RESPONSIBLE TO PAY THIS ACCOUNT. REFUND DUE BACK TO LSNB.**
MM

Step 4: Sign 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."	
	Signature <i>[Signature]</i>	Date of application for tax refund 03/24/21

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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here <i>[Signature]</i>	Date 04/21/2021
	Collector(s) of taxing unit(s) for which refund is requested over \$2500 amount for which governing body approval is required (Section 31.17, Tax Code) sign here <i>[Signature]</i>	Date 4/5/2021

4/5/21



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: 02/01/2021

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 4/16/21 mlr

Raynaldo Cantu Acted 4/21/21
JL 4/21/2021

RECEIVED
 FEB 26 2021
 Ryan, LLC

Account Number
 S3004-99-000-011A-07 †
 HCAD No. 1075252 †
 Legal Description of the Property
 INVENTORY SUPPLIES FURNITURE FIXTURES &
 EQUIPMENT AT 5001 TANYA AVENUE / NEW
 ACCT 2017
 5001 TANYA AVE STE-100 78503
 OWNER. KEYSTONE AUTOMOTIVE IND †

RYAN TAX COMPLIANCE SERVICES LLC †
 16220 NORTH SCOTTSDALE ROAD SUITE 480
 SCOTTSDALE, AZ 85254

2020 OVERAGE AMOUNT \$4,544.46 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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>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>62,687.75</u>
	Total tax, penalty, and interest amount owed for the year	<u>58,143.29</u>
	Amount of refund claimed	<u>4,544.46</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 <i>[Signature]</i>	Date of application <u>3-02-2021</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: <i>[Signature]</i> Date: <u>04/21/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3/15/2021</u>

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

emo
3/16/21



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: 03/17/2021

CHAPA GROUP LTD
141 PASEO DEL PRADO
EDINBURG, TX 78539

Je 4/21/2021
 Reynaldo Cantu A.A. 4/20/21

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 04/05/21 KARON R.

Account Number T3661-00-000-0024-00 ¹
HCAD No. 700774 ¹
Legal Description of the Property THE SANDS LOT 24 2402 MOJAVE ST
OWNER: CHAPA GROUP LTD ¹
2020 OVERAGE AMOUNT \$8,889.77 ¹

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 <u>Rodolfo D. Chapa</u>	Relationship to Property Owner <u>owner</u>
	Mailing Address <u>141 Paseo del Prado</u> City, State, Zip Code <u>Edinburg TX 78539</u>	Daytime Telephone Number _____ Email Address: <u>rodolfo.chapa@hidalgo.org</u>
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	_____
	Total tax, penalty, and interest amount owed for the year	_____
	Amount of refund claimed	<u>\$ 8,889.77</u>
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 <u>[Signature]</u>	Date of application <u>3-22-2021</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>04/21/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/29/2021</u>

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

Handwritten initials/signature