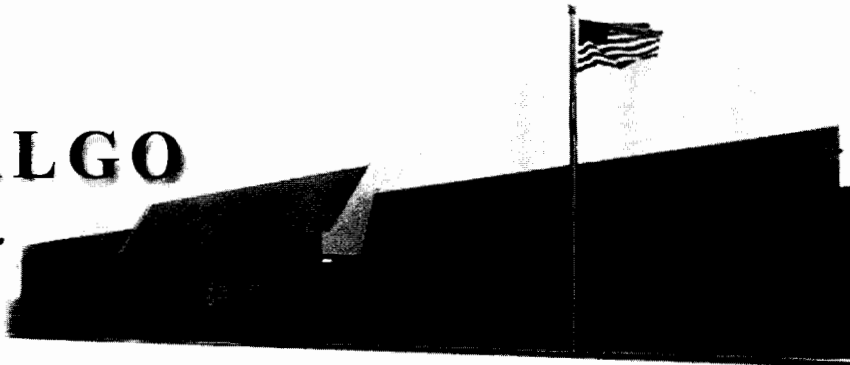


Office of Tax Assessor-Collector

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

JUNE 04, 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

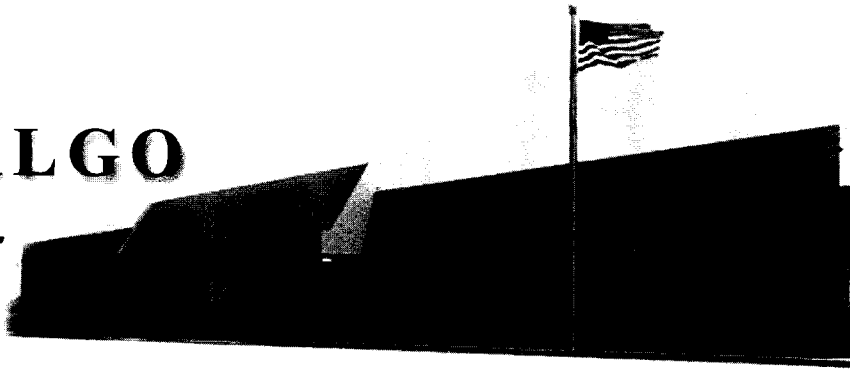
SP

Enclosure

Office of Tax Assessor-Collector

COUNTY *of* HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|-------|-------------|
| S4755.99.000.0001.01 | DHMS | \$25,295.73 |





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: 02/19/2020

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE

DATE: 03/29/2021

Reynaldo Cantu 3/30/2021

DHMS
 10110 DARADALE AVENUE
 BATON ROUGE, LA 70816

JL 3/30/2021

| |
|--|
| Account Number <input checked="" type="checkbox"/> S4755-99-000-0001-01 <input checked="" type="checkbox"/> HICAD No. 901724 <input checked="" type="checkbox"/> |
| Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 900 E EXPWY 83 NEW ACCT 2014 |
| 900 E INTERSTATE HWY 2 (S SIDE) 78589 |
| OWNER: DOGGETT HEAVY MACHINERY SERVICES LTD |

2019 OVERAGE AMOUNT \$25,295.73

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 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>2019</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 | | \$190,329.03 |
| | Total tax, penalty, and interest amount owed for the year | | \$165,033.30 |
| | Amount of refund claimed | | \$25,295.73 |
| 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>Sandy Hansen</i> <input checked="" type="checkbox"/> | Date of application 07/09/2020 <input checked="" type="checkbox"/> |
| | 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>Sandy Hansen</i> | Date: <u>03/31/2021</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>Paul Villarreal</i> | Date: <u>7/23/2020</u> |

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

9/12/2020