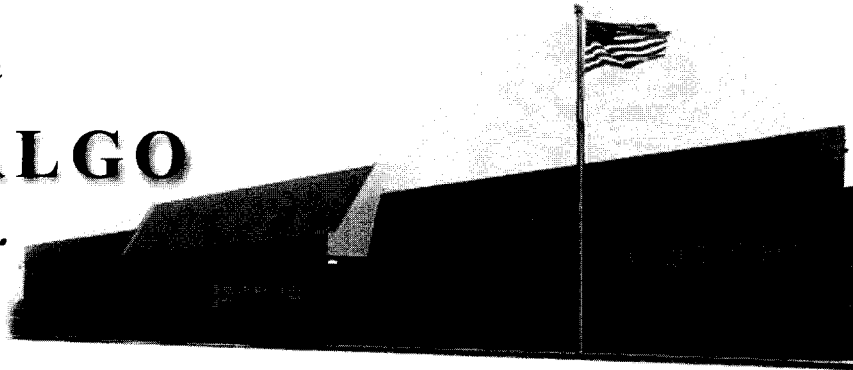


Office of Tax Assessor-Collector

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 16, 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. ^{JEZ}

Pablo (Paul) Villarreal, Jr., PCC

SP

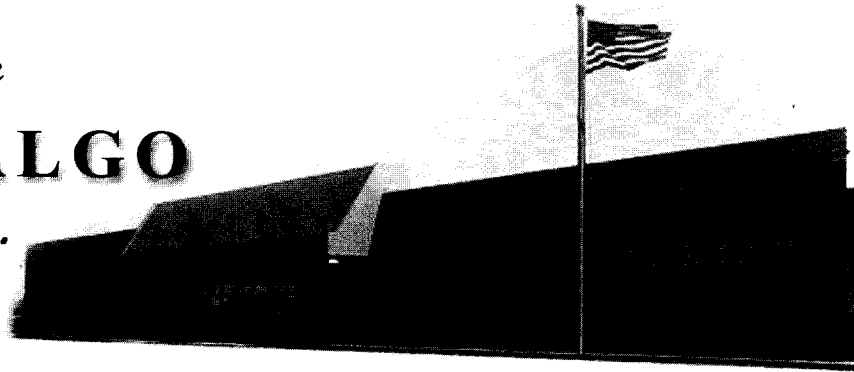
Enclosure



Office of Tax Assessor-Collector

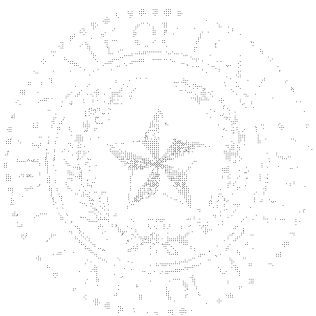
COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
F6448.99.000.0001.00	OPTIMUM KIDS LTD DBA MISSION AUTISM CENTER	\$4,702.47
L1700.99.000.006B.22	RYAN TAX COMPLIANCE SERVICES LLC	\$13,337.96





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: 05/28/2020

SECOND NOTICE

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 6/10/21 EL

Rayvaldo Cantu 6/14/2021
 6/15/2021

OPTIMUM KIDS LTD ✕
DBA MISSION AUTISM CENTER
 508 W GRIFFIN PKWY STE A
 MISSION, TX 78572

FINAL NOTICE

Account Number F6448-99-000-0001-00 ✕
HCAD No. 819581 ✕
Legal Description of the Property SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 508 W GRIFFIN PKWY STE A / NEW ACCT 2012
508 W GRIFFIN PKWY STE-A 78572
OWNER: MISSION AUTISM CENTER & KIDS REHAB ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

2019 OVERAGE AMOUNT \$4,702.47 ✕

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>Mission Autism Center</u>	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 <u>, didn't know there was a credit, & paid in full</u>	
	<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>7,167.49</u>
	Total tax, penalty, and interest amount owed for the year	<u>2,465.02</u>
	Amount of refund claimed	<u>4,702.47</u> ✕
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 <u>Wannic N. Arnold</u> ✕	Date of application <u>5/13/2021</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>Donda Jorg</u> Date: <u>06/15/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Dill</u> Date: <u>5/12/21</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

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 06/11/21 Karone

Raynaldo Cantu A.A. 6/14/2021

RYAN TAX COMPLIANCE SERVICES LLC
 1622 NORTH SCOTTSDALE ROAD SUITE 450
 SCOTTSDALE, ARIZONA 85254

JL 6/15/2021

RECEIVED

MAR 04 2021

Ryan PTS
 Houston, TX

Account Number L1700-99-000-006B-22 +
HCAD No. 1185681 +
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 2200 S 10TH ST # S17/NEW ACCT 2019
2200 S 10TH ST #S17 78503
OWNER: YARD HOUSE #8382 +
2020 OVERAGE AMOUNT \$13,337.96 +

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>Vivian Cannon</u>	Relationship to Property Owner <u>agent</u>
	Mailing Address <u>1000 Darden Center</u>	Daytime Telephone Number <u>407-245-474</u>
	City, State, Zip Code <u>Orlando, FL 32837</u>	Email Address: <u>vcannon@darden.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 _____ 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	<u>42,858.50</u>
	Total tax, penalty, and interest amount owed for the year	<u>—</u>
	Amount of refund claimed	<u>13,337.96</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>4/15/2021</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>06/15/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/12/21</u>

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