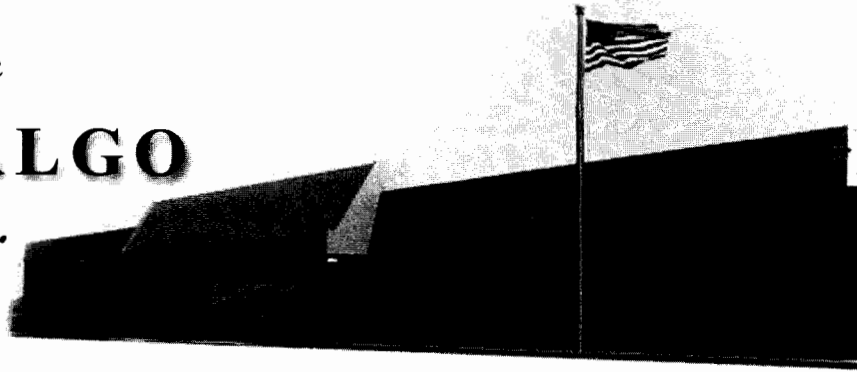


Office of Tax Assessor-Collector

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

JULY 13, 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,

Handwritten signature of Pablo (Paul) Villarreal, Jr. with initials "PJV" in the upper right of the signature.

Pablo (Paul) Villarreal, Jr., PCC

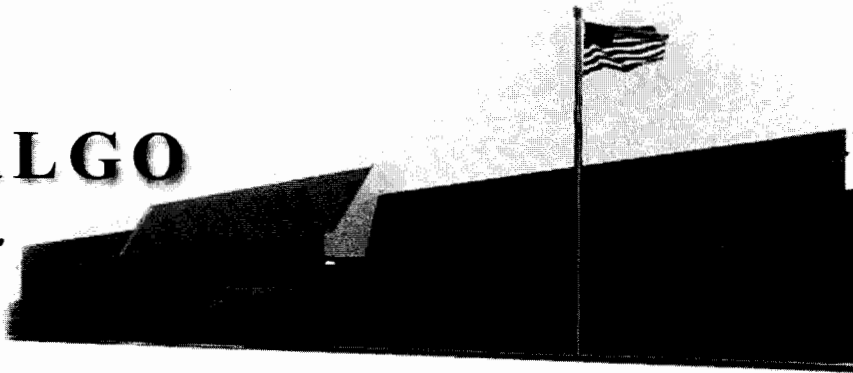
BR

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER

PAYER

AMOUNT

S2950.00.000.0492.03

LINEBARGER GOGGAN BLAIR & SAMPSON LLP

\$2,537.74



2804 S. Bus. Hwy 281 • Edinburg, TX 78539



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: 08/06/2019

JUN 08 2020

FINAL NOTICE

MAY 26 2021

SECOND NOTICE

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
IOLTA FUND CLIENT TRUST ACCOUNT
 PO BOX 17428
 AUSTIN, TX 78760

[Signature]
 7/8/2021

Payable Center Acted 7/7/2021
AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 06/29/21 KAREN R.

Account Number S2950-00-000-0492-03 ⁺
HCAD No. 282802 ⁺
Legal Description of the Property JOHN H SHARY W 253.4'-E573.4'-N 194' OF S 450.33' OF LOT 492 TR-6 1.13AC NET
MILE 7 RD N
OWNER: KOEPKE INC ⁺

2018 OVERAGE AMOUNT \$2,537.74 ⁺

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 <i>Linebarger Goggan</i>	Relationship to Property Owner
	Mailing Address <i>1512 S. Lone Star Way</i>	Daytime Telephone Number <i>(956) 383-1500 ext. 231</i>
	City, State, Zip Code <i>Edinburg, TX 78539</i>	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>2018</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 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> Audit Manager ⁺	Date of application <u>06-08-2021</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>07/08/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/10/2021</u>

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

AKH 219561