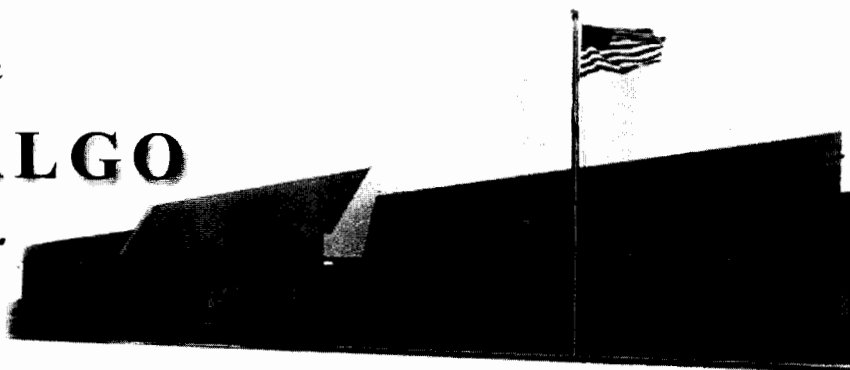


Office of Tax Assessor-Collector

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 14, 2021

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

Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). 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 recommended by the County Auditor.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., PCC

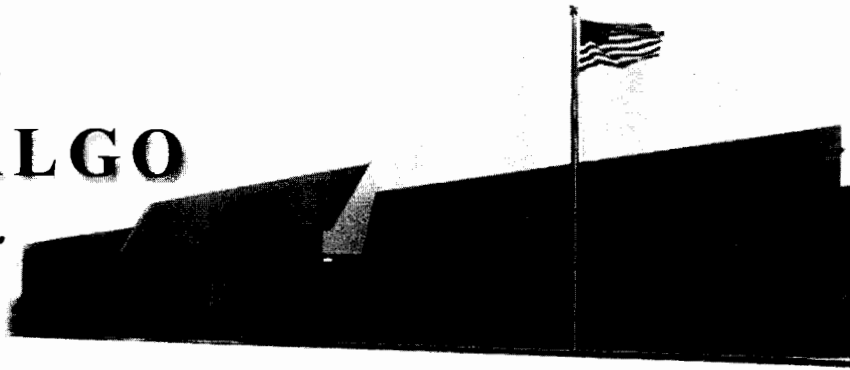
SP

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|-------------------------------------------------------|------------|
| C8750.00.012.0005.00 | SMV EDINBURG LP C/O CAMMEBY'S INTERNATIONAL | \$6,121.83 |
| H2550.00.007.0002.08 | SMV MCALLEN RETAMA LP C/O CAMMEBY'S INTERNATIONAL LTD | \$6,850.02 |
| H2550.00.007.0002.08 | SMV MCALLEN RETAMA LP C/O CAMMEBY'S INTERNATIONAL LTD | \$3,133.84 |

APPLICATION FOR TAX REFUND

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Collection office name HIDALGO COUNTY TAX OFFICE | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>6/28/21</u> <u>EL</u> | 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 | <i>Rayaldo Cantu Act 4</i> 6/28/2021 <u>EL</u> 7/13/2021 | Phone (area code and number) (956) 318-2157 |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | | |

To apply for a tax refund, the taxpayer must complete the following

| | |
|-------------------------------------|------------------------------------------------------------------------------|
| Step 1: Owner's name and address | Owner's name SMV EDINBURG LP C/O CAMMEBY'S INTERNATIONAL ✕ |
| | Present mailing address (number and street) 45 BROADWAY FL 25 |
| | City, town or post office, state, ZIP code NEW YORK, NY 10006-3777 |

Legal description (or attach copy of the tax bill or tax receipt): **COUNTRY CLUB PLACE LOTS. 5-6-7-8-9**

| | |
|----------------------------------|-----------------------------------------------------------|
| Step 2: Describe the property | Address or location of property: 1505 S CLOSER |
| | 154542 ✕ |
| | Account number of property: C8750.00.012.0005.00 ✕ |
| | Tax receipt number: OR 41867672 |

| 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 ✕ | 11/13 / 2019 | \$ 28,568.44 ✕ | \$ 6,121.83 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. | | | / | \$ | \$ 6,121.83 ✕ |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER C-3478-19-J 2019**

TAX YEAR DUE DATE AUGUST 08, 2021 SP

| | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 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." | |
| | Signature sign here ✕ | Date of application for tax refund |

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>Linda Jorg</i> | Date 07/13/2021 |
| | Collector(s) of taxes and/or for refund applications over (insert amount for which governing body approved it, unless under Section 37.10, tax code) sign here ✕ <i>James Hill</i> | Date 5/27/2021 <i>CPD 5/26/21</i> |

APPLICATION FOR TAX REFUND

| | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Collection office name HIDALGO COUNTY TAX OFFICE | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>6/28/21</u> E.L. | Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CW1-SEB-SLV-SML-SMS-SSL-SWL-JCC |
| 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 lc 7/13/2021

| | |
|--------------------------|--------------------------------------------------------------------------------|
| Step 1: | Owner's name SMV MCALLEN RETAMA LP C/O CAMMEBY'S INTERNATIONAL LTD ✕ |
| Owner's name and address | Present mailing address (number and street) 45 BROADWAY FL 25 |
| | City, town or post office, state, ZIP code NEW YORK, NY 10006-3777 |
| | Phone (area code and number) |

| | |
|-----------------------|-----------------------------------------------------------------------------------------------------|
| Step 2: | Legal description (or attach copy of the tax bill or tax receipt): HIDALGO CANAL CO-MC S 281 |
| Describe the property | Address or location of property: 900 S 12TH ST |
| | 189442 ✕ |
| | Account number of property: H2550.00.007.0002.08 ✕ |
| | Tax receipt number: OR 42470025 |

| Step 3: | 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 |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|-------------------------|----------------------|--------------------------------|
| Give the tax payment information | 1. ALL ENTITIES | 2019 ✕ | 12/30 / 2019 | \$ 24,218.16 | \$ 6,850.02 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. | | / | \$ | \$ 6,850.02 ✕ |
| Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-3478-19-J | | | | | |
| 2019 TAX YEAR DUE DATE AUGUST 08, 2021 | | | | | |
| SP | | | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Step 4: | "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 the form | Signature sign here ✕ | Date of application for tax refund |
| 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>Linda Fong</i> | Date 07/13/2021 |
| Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11 tax code) | sign here ✕ <i>Paul Villal...</i> | Date 5/27/21 ✕ |

07/26/21

APPLICATION FOR TAX REFUND

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Collection office name HIDALGO COUNTY TAX OFFICE | Collecting tax for: (Tax Units) GHD-SST-DRI-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 | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 6/29/21 E.L. |
| 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 SMV MCALLEN RETAMA LP C/O CAMMEBY'S INTERNATIONAL LTD * |
| | Present mailing address (number and street) 45 BROADWAY FL 25 |
| | City, town or post office, state, ZIP code NEW YORK, NY 10006-3777 |
| | Phone (area code and number) |

| | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Step 2: Describe the property | Legal description (or attach copy of the tax bill or tax receipt): HIDALGO CANAL CO-MC S 281 |
| | Address or location of property: 900 S 12 TH ST |
| | 189442 * |
| | Account number of property: H2550.00.007.0002.08 * |
| | Tax receipt number: OR 45757666 |

| Step 3: Give the tax payment information | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name Of Taxing Unit from Which Refund is Requested</th> <th>Year for Which Refund is Requested</th> <th>Date of the Tax Payment</th> <th>Amount of Taxes Paid</th> <th>Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2020 *</td> <td>01/06 / 2021</td> <td>\$ 21,468.64</td> <td>\$ 3,133.84</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 3,133.84 *</td> </tr> </tbody> </table> | 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 * | 01/06 / 2021 | \$ 21,468.64 | \$ 3,133.84 | 2. | | / | \$ | \$ | 3. | | / | \$ | \$ | 4. | | / | \$ | \$ | 5. | | / | \$ | \$ 3,133.84 * |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|--------------------------------|----------------------|--------------------------------|-----------------|--------|--------------|--------------|-------------|----|--|---|----|----|----|--|---|----|----|----|--|---|----|----|----|--|---|----|---------------|
| 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 * | 01/06 / 2021 | \$ 21,468.64 | \$ 3,133.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | / | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | / | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | / | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | / | \$ | \$ 3,133.84 * | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-3478-19-J 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TAX YEAR DUE DATE AUGUST 08, 2021 SP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 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." | |
| | Signature sign here | Date of application for tax refund |
| | 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 | Date 07/13/2021 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.11, tax code) sign here | Date 5/27/2021 |