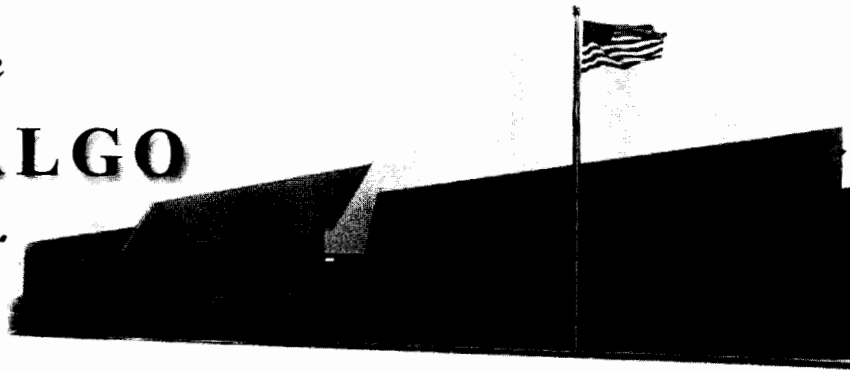


Office of Tax Assessor-Collector

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 28, 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

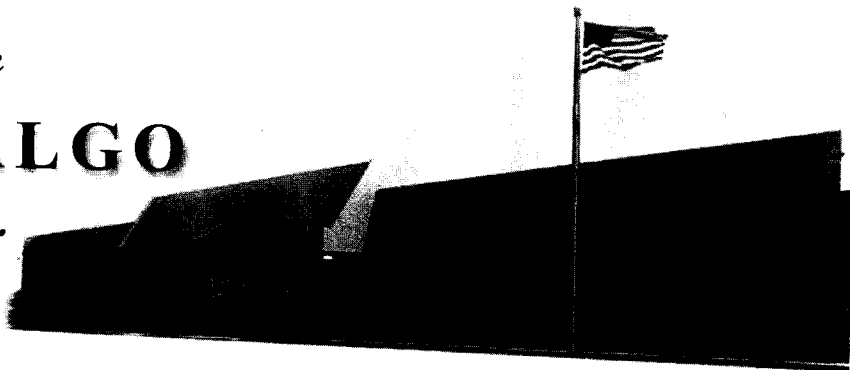
SP

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|------------------------------------|------------|
| N3400.00.000.2248.00 | COPITZI SALINAS | \$4,022.49 |
| W0100.00.033.0006.04 | FIDELITY NATIONAL TITLE AGENCY INC | \$2,977.24 |



PABLO (PAUL) VILLARREAL JR. **CC**
 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: 03/30/2021

COPITZI SALINAS †
 901 S 23RD ST
 MCALLEN, TX 78501

Raynaldo Cantor 7/15/2021

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 07/13/21 *KARON R.*

lc 7/19/2021

| |
|---|
| Account Number N3400-00-000-2248-00 † |
| HCAD No. 246296 † |
| Legal Description of the Property NORTH CAPISALLO NW17.90AC BLK 2248 MILE 17 1/2 & WEST OF LEVY |
| OWNER: SALINAS COPITZI † |

2020 OVERAGE AMOUNT \$4,022.49 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 44: A VILLA 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>Copitzi Salinas</i> | Relationship to Property Owner |
| | Mailing Address | Daytime Telephone Number <i>956 2703365</i> |
| | 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 | \$ <i>4,022.49</i> |
| | Total tax, penalty, and interest amount owed for the year | \$ 20,000.00 |
| | Amount of refund claimed | \$ 20,000.00 |
| 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 <i>W0100-00-034-0001-02</i> 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 <i>[Signature]</i> † | Date of application <i>4-17-2021</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: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <i>07/19/2021</i> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <i>6/10/2021</i> |

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: 01/13/2021

SECOND NOTICE

JUN 07 2021

FIDELITY NATIONAL TITLE AGENCY INC
 4541 BELLAIRE DR SOUTH #101
 FORT WORTH, TX 76109

Regulatory Center Acted 7/19/2021
AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: *07/15/21 KAREN R.*

| |
|---|
| Account Number W0100-00-033-0006-04 † |
| HCAD No. 317691 † |
| Legal Description of the Property WEST ADDN TO SHARYLAND AN IRR TR W571.62'-B979.68' & N165'-W123.54'-B400.54' LOT 33-6 16.22AC NET |
| OWNER: CONWAY AVE OWNER: CAGE I PLAZA LLC † |

lc 7/22/2021

2020 OVERAGE AMOUNT \$2,977.24 †

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 48: MISSION CISO, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: *9001221902888*

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 Fidelity National Title Agency Inc | Relationship to Property Owner Title Company |
| | Mailing Address 4541 Bellaire Dr. S., Ste. 101 | Daytime Telephone Number (817) 377-4100 |
| | City, State, Zip Code Fort Worth, TX 76109 | Email Address: tbwatts@fidelity-usa.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 | \$11,909.04 |
| | Total tax, penalty, and interest amount owed for the year | \$ 8,931.80 |
| | Amount of refund claimed | \$ 2,977.24 |
| 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>Timothy Watts</i> † | Date of application 06/07/2021 |
| | 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: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>Bonnie Jorg</i> † Date: 07/26/2021 |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>Paul</i> † Date: 6/11/2021 |

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