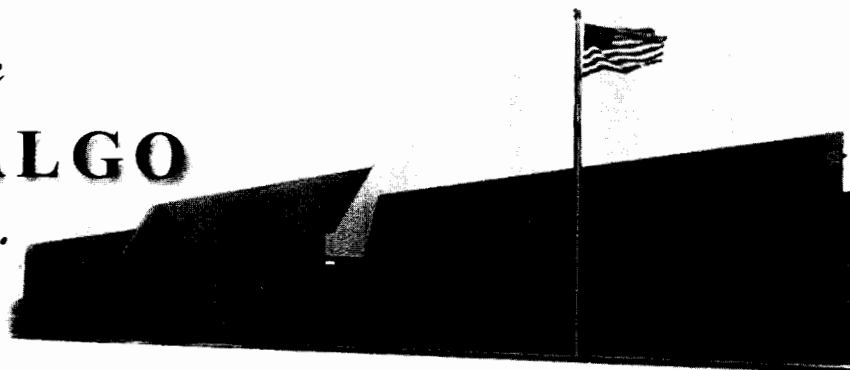


Office of Tax Assessor-Collector

# 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](http://www.hidalgocountytax.org)

September 13, 2021

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

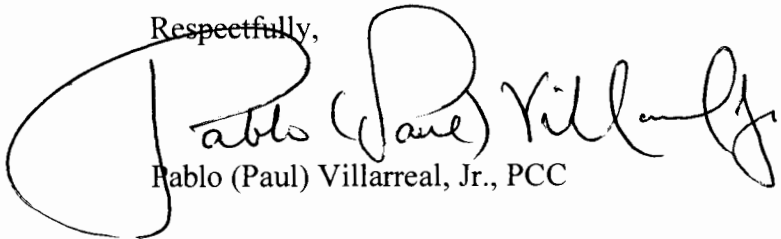
Re: See attached list

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,



Pablo (Paul) Villarreal, Jr., PCC

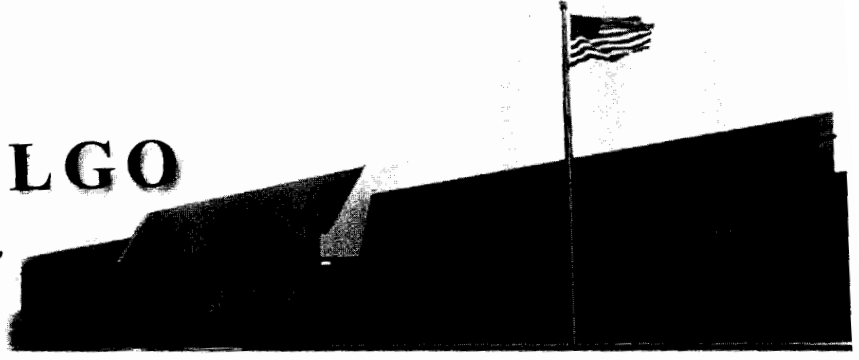
SP

Enclosure

Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER	PAYER	AMOUNT
H1933.03.000.0034.00	RADIAN TITLE AGENCY OF TEXAS LLC	\$2,502.50
S6455.00.004.0005.00	VALLEY SPINE MEDICAL CENTER	\$2,500.01



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: 11/17/2020

lc 9/8/2021  
 AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 08/20/2021 KAREN R.

Reynolds Center of Art 8/25/2021

HADIAN TITLE AGENCY OF TEXAS LLC  
 14241 DALLAS PARKWAY  
 DALLAS, TX 75254

# SECOND NOTICE

APR 29 2021

Account Number H1933-03-000-0034-00	HCAD No. 591859
Legal Description of the Property HEATHERWOOD PH 3 LOT 34	
2717 PELICAN AVE	
OWNER: MORALES JOSUE D & YVONNE Y JACKSON	

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

2020 OVERAGE AMOUNT 32,502.50

Loan #: 128 0168 704

### 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>Radian Title Agency of Texas, LLC</u>	Relationship to Property Owner <u>Title Company</u>
	Mailing Address <u>1000 GSK Dr, Suite 210</u>	Daytime Telephone Number <u>42-494-0400 X6474</u>
	City, State, Zip Code <u>Corpus Christi, TX 78408</u>	Email Address: <u>Brian.Stultz@radian.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 <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	<u>\$5,988.49</u>
	Total tax, penalty, and interest amount owed for the year	<u>\$3,393.18</u>
	Amount of refund claimed	<u>\$2,502.50</u>
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 <u>Brian Stultz (on behalf of Radian Title Agency of TX)</u>	Date of application <u>8/9/2021</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>Jurda Jorg</u> Date: <u>09/08/2021</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul K...</u> Date: <u>8/19/2021</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

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 03/22/2021

**VALLEY SPINE MEDICAL CENTER + lc 9/8/2021**  
**5327 S. MCCOLL RD**  
**EDINBURG, TX 78539**

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE 08/20/21 KONTOR

*Rayalado Carter Acted* 8/25/2021

Account Number S6455-00-004-0005-00 4
HCAD No. 563019 4
Legal Description of the Property STONERIDGE BUSINESS PARK LOT 5 BLK 4
5327 S MCCOLL RD
OWNER: VALLEY SPINE MEDICAL CENTER PA 4
2020 OVERAGE AMOUNT \$2,500.01 4

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 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>Alex Flores Jr.</u>	Relationship to Property Owner <u>Owner / partner</u>
	Mailing Address <u>5327 S. McColl Rd</u>	Daytime Telephone Number <u>281-631-2277</u>
	City, State, Zip Code <u>Edinburg Tx 78539</u>	Email Address: <u>Drfloresalex@gmail.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 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 <u>2500.01</u>	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner <u>Valley Spine Medical Center</u>	
	<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	Date of application <u>8-9-21</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>Jonda Jorg</u> Date: <u>09/08/2021</u>
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	By: <u>Paul Bell</u> Date: <u>8/19/2021</u>

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