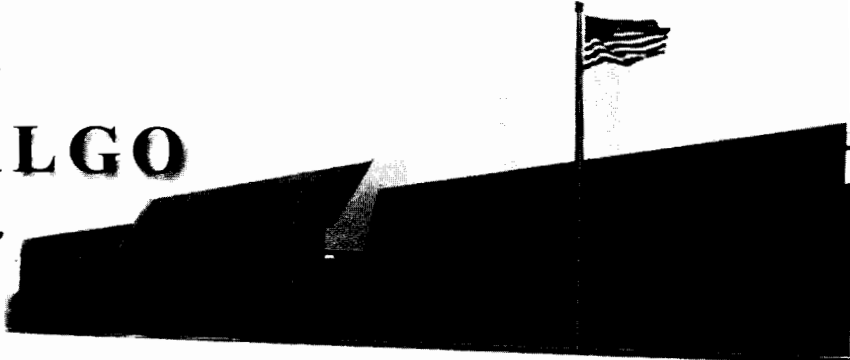


Office of Tax Assessor-Collector

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

November 8, 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,

A handwritten signature in black ink that reads "Pablo (Paul) Villarreal, Jr.".

Pablo (Paul) Villarreal, Jr., PCC



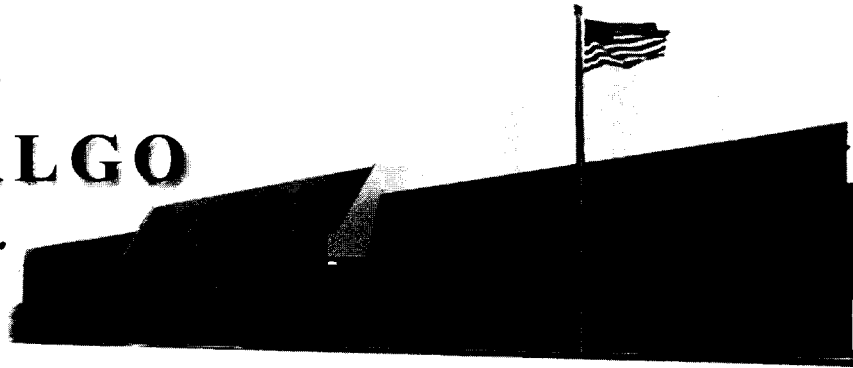
NR

Enclosure

Office of Tax Assessor-Collector

COUNTY *of* HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER

PAYER

AMOUNT

T6865.99.000.0001.01

UHS OF DELAWARE INC

\$15,668.78



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: 02/24/2021

UHS OF DELAWARE INC 11/1/2021
 367 SOUTH GULPH ROAD
 KING OF PRUSSIA, PA 19406-0955
 AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 10/25/21 KAREN R.
Rayvaldo Cantu A-Ad 10/26/2021

Account Number T6865-99-000-0001-01	HCAD No. 577414
Legal Description of the Property INVENTORY FURNITURE FIXTURES EQUIPMENT & VEHICLE AT 1102 WEST TRENTON /NEW ACCT 1998	
1102 W TRENTON RD 78539	
OWNER: EDINBURG REGIONAL MEDICAL CENTER	

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
 2020 OVERAGE AMOUNT \$15,668.78
 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	UHS OF DELAWARE, INC	Relationship to Property Owner	MANAGEMENT COMPANY
	Mailing Address	367 S. GULPH RD	Daytime Telephone Number	610-382-3325
	City, State, Zip Code	KING OF PRUSSIA, PA 19406	Email Address:	DAVID.GEISEL@UHSINC.COM
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2020 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 checked="" type="checkbox"/> Duplicate payment			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer		\$2,661,627.65	
	Total tax, penalty, and interest amount owed for the year		-	
	Amount of refund claimed		\$15,668.78	
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 1073134 & 1019413			
	<input checked="" type="checkbox"/> Transfer this amount to account PLEASE SEE ATTACHED For tax year 2020			
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			Date of application
	SIGN HERE	<i>[Signature]</i>		10/5/21
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: 11/03/2021
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 10/19/2021

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