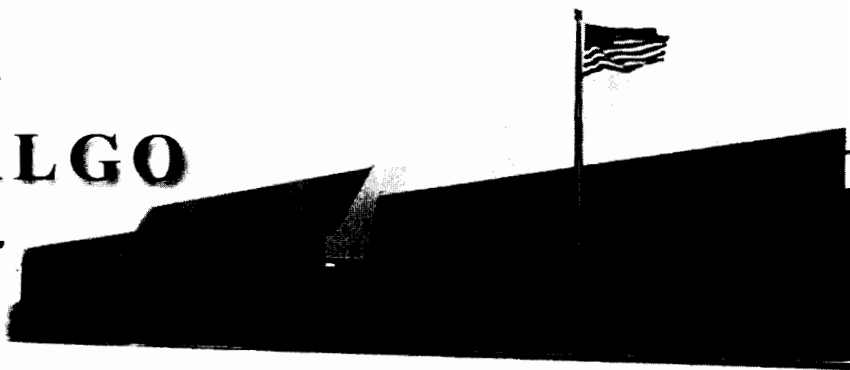


Office of Tax Assessor-Collector

# 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)

December 17, 2021

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

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. 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,

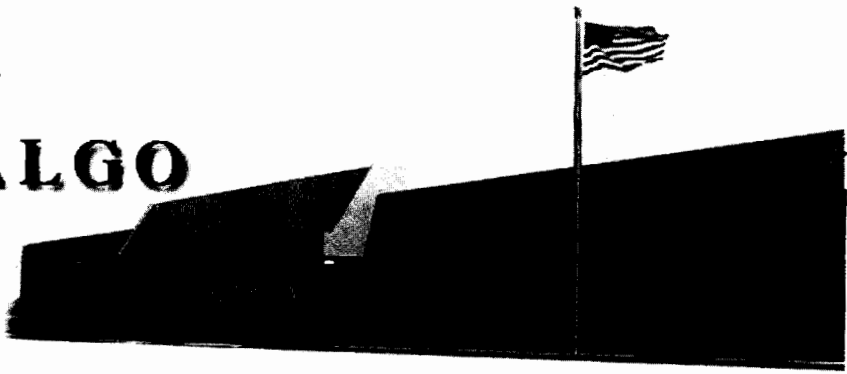
Pablo (Paul) Villarreal, Jr., PCC

NR

Enclosure

Office of Tax Assessor-Collector

# COUNTY *of* HIDALGO



*Pablo "Paul" Villarreal, Jr. PCC.*

Hidalgo County Tax Assessor-Collector

P.O. Box 178  
Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
M2240.99.000.0001.B8	SOUTH TEXAS BACK INSTITUTE	\$4,087.99
M2240.99.000.0001.B8	SOUTH TEXAS BACK INSTITUTE	\$3,835.13
M2350.99.001.0013.E5	MARBRAN- USA LTD	\$3,707.09
M2930.00.000.0001.00	MCDONALD'S REAL ESTATE CO	\$4,554.60
N6761.00.001.0006.00	WEINGARTEN SHARY NORTH JV	\$3,267.59
N7700.00.010.0015.00	WESLACO CATHOLIC FEDERAL CREDIT UNION	\$4,975.76
O0480.02.000.0107.00	PINE JOSE & ALISIA	\$3,480.11
P3113.00.000.0010.00	WELLIVER EDWIN D & CONCEPCION O	\$3,079.64
S5937.99.000.0013.00	VAS TRANSPORTATION LLC	\$3,208.63
W3800.99.692.0001.16	KNAPP SURGERY CENTER ASC LLC	\$9,946.80
W3800.99.692.0001.16	KNAPP SURGERY CENTER ASC LLC	\$9,921.34
W3800.99.692.0001.16	KNAPP SURGERY CENTER ASC LLC	\$9,700.64
W3800.99.692.0001.16	KNAPP SURGERY CENTER ASC LLC	\$9,505.03

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

Step 1: Owner's name and address	Owner's name <b>SOUTH TEXAS BACK INSTITUTE / RAY R FULP III, D.O.</b>
	Present mailing address (number and street) <b>721 LINDBERG AVE</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78501</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2017/IMPS TRANS TO M2240-99-000-0001-B5**

Step 2: Describe the property	FURNITURE FIXTURES EQUIPMENT AT 1801 SOUTH 5 <sup>TH</sup> ST STE 103 (AT DAYSTAR OPEN MRI) NEW ACCT 2016	
	Address or location of property: <b>1075500</b>	
	Account number of property: <b>M2240.99.000.0001.B8</b>	Tax receipt number: <b>38542687-41095976</b>
	<b>OR</b>	

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	2017	08/08	/ 2018	\$ 855.86
2.		04/11	/ 2019	\$ 3,232.13	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,087.99

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 42**

**SUBMITTED/ ENTERED WRONG**

**NR**

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 <b>sign here</b>	Date of application for tax refund <b>12/9/21</b>
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 BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>12/13/21</b>	
	Authorized officer <b>sign here</b>	Date <b>12/13/2021</b>
	Director(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)	Date
	<b>sign here</b>	<b>11/22/21</b>

**11/15/21**

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

Step 1: Owner's name and address	Owner's name <b>SOUTH TEXAS BACK INSTITUTE *</b>	
	Present mailing address (number and street) <b>721 N LINDBERG AVE</b>	
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78501-2913</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2017/IMPS TRANS TO M2240.99.0001.B5:**

Step 2:  
Describe the property  
**FURNITURE FIXTURES EQUIPMENT AT 1801 SOUTH 5<sup>TH</sup> ST STE 103 (AT DAYSTAR OPEN MRI) NEW ACCT 2016**

Address or location of property:  
**1075500 \***

Account number of property: **M2240.99.000.0001.B8 \*** Tax receipt number: **OR 44390329**

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 *	07/13 / 2020	\$ 3,835.13	\$ 3,835.13
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,835.13 *

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 22**

**SUBMITTED / ENTERED WRONG**

**NR**

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: \_\_\_\_\_ 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  Approved  Disapproved

AUDITED BY THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE **12/1/2021** *JK* 12/13/2021

Authorized officer: **Linda Jorg** Date: **12/13/2021**

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): **Paul Hill** Date: **11/22/21**

11/16/21

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>MARBRAN-USA LTD *</b>
	Present mailing address (number and street) <b>200 S 10<sup>TH</sup> ST STE 1104</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78501-4864</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>INVENTORY AT 4000 W MILITARY HWY /</b>
	<b>NEW ACCT 2019</b>
	Address or location of property: <b>1202754 *</b>
	Account number of property: <b>M2350.99.001.0013.E5 *</b> OR Tax receipt number: <b>44804617</b>

<b>Step 3:</b> 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	2020 *	11/06 / 2020	\$ 3,707.09	\$ 3,707.09
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,707.09 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 11**

**PERSONAL PROPERTY DAW M2350.99.000.0013.G2**

**NR**

<b>Step 4:</b> 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 <i>Reynaldo Cantu A.A.</i>	Date of application for tax refund <b>12/9/2021</b>

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.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <i>Linda Jorg</i>	AUDITED BY THE HIDALGO COUNTY AUDITOR'S OFFICE DATE <b>12/17/21</b> <i>gk</i> <b>12/13/2021</b>
	sign here <i>Jane Vilhelm *</i>	Date <b>11/23/21</b>

*Handwritten signatures and dates:*  
 - *Linda Jorg* (Authorized officer)  
 - *Jane Vilhelm \** (Collector)  
 - *11/23/21* (Date)  
 - *11/23/21* (Handwritten note)

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>MCDONALD'S REAL ESTATE CO</b> *
	Present mailing address (number and street) <b>721 N WARE RD</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78501-6616</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MCDONALD'S 42-1271 LA JOYA LOT 1 EXC**

<b>Step 2:</b> Describe the property	N218'
	Address or location of property: <b>960354</b> *
	Account number of property: <b>M2930.00.000.0001.00</b> * OR <b>43360140</b>
	Tax receipt number:

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	01/30	/ 2020	\$ 23,504.98
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,554.60

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 21**  
**CLERICAL ERROR:PROP SPLIT TO M2930.00.000.0001.01 ENTERED INCORRECT**  
**ENTITY CODE OF TCLJ REMOVE TCLJ THIS PORTION NOT IN TIRZ / VALUE DECREASED / APPLY BACK TO ACCOUNT #1351951** NR

<b>Step 4:</b> 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 <b>sign here</b> <i>Reynaldo Cantu</i>	Date of application for tax refund <b>12/9/2021</b>

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.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	ADDED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>12/17/2021</b> <i>SC JS</i> <b>12/13/2021</b>
--	--	---

Authorized officer <b>sign here</b> <i>Linda Jorg</i>	Date <b>12/13/2021</b>
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.1) tax code <b>sign here</b> <i>Paul Tillman</i> *	Date <b>11/22/21</b> <i>CMP 11/18/21</i>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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


Step 1: Owner's name and address	Owner's name <b>WEINGARTEN SHARY NORTH JV</b>
	Present mailing address (number and street) <b>P.O. BOX 924133</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77292-4133</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **NORTH SHARYLAND COMMONS LOT 6 BLK 1**

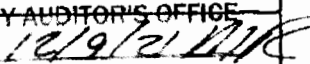
Step 2: Describe the property	Address or location of property: <b>1236071 *</b>
	Account number of property: <b>N6761.00.001.0006.00 *</b>
	Tax receipt number: <b>OR 46490035</b>

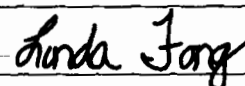
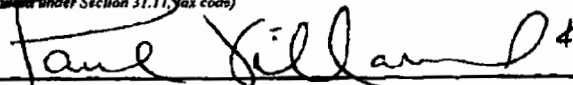
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2020	01/28	/ 2021	\$ 16,338.01 ✓
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,267.59 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 11**  
**THIS IS A NON-CLERICAL ERROR FOR 2020 YEAR. SECTION 25.25 (D)**  
**APPLY BACK TO ACCOUNT \$1,307.05 AND REFUND DIFF OF \$1,960.54**

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: **12/9/21** 

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date 12/13/2021
	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 	Date 11/22/21

**11/17/21**

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WESLACO CATHOLIC FEDERAL CREDIT UNION</b>
	Present mailing address (number and street) <b>302 LLANO GRANDE</b>
	City, town or post office, state, ZIP code <b>WESLACO, TX 78596-5200</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>NORTHSIDE LOTS 15 &amp; 16 BLK 10</b>
	Address or location of property: <b>249219</b>
	Account number of property: <b>N7700.00.010.0015.00</b> OR Tax receipt number: <b>45429635</b>

<b>Step 3:</b> 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	2020	12/23 / 2020	\$ 5,464.62	\$ 4,975.76
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4,975.76 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 11**  
**CC16=INCLUSION OF PROPERTY NON-EXISTENT. SOME/ALL IMPROVEMENTS REMOVED NR**

<b>Step 4:</b> 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 <b>12/9/21</b>

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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **12/9/21**

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date <b>12/13/2021</b>
	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	Date <b>11/22/21</b>

**REYNALDO CANTU** 12/9/2021  
**11/22/21**

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>PINA JOSE &amp; ALISIA</b>
	Present mailing address (number and street) <b>3818 SYCAMORE DR</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78542-2421</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>OAKLAND VILLAGE PH 2 LOT 107-AMENDED</b>
	Address or location of property: <b>692420</b>
	Account number of property: <b>00480.02.000.0107.00</b>
	Tax receipt number: <b>OR 45336043</b>

<b>Step 3:</b> 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	2020	12/17 / 2020	\$ 3,480.11	\$ 3,480.11
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,480.11

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 11**

**GRANT DV4 FILED LATE Q/Y 2020**

**NR**

<b>Step 4:</b> 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 <b>sign here</b>	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.

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE: <b>12/13/2021</b>
	Authorized officer <b>sign here</b> <i>Linda Fong</i>	DATE: <b>12/9/2021</b> <i>Raynaldo Cantu A.A.</i>	
	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) <b>sign here</b> <i>Jane Villanil</i>	DATE: <b>11/22/21</b>	

*11/17/21*

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>


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

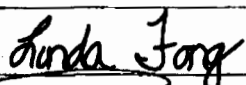
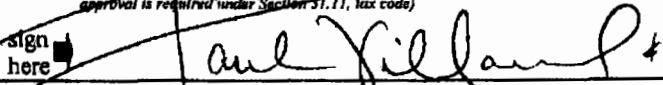
Step 1: Owner's name and address	Owner's name <b>WELLIVER EDWIN D &amp; CONCEPCION O</b>
	Present mailing address (number and street) <b>1404 BETTY DR</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78572-4369</b>
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>PAMELA HEIGHTS LOT 10</b>
	Address or location of property: <b>560234 *</b>
	Account number of property: <b>P3113.00.000.0010.00 *</b>
	Tax receipt number: <b>OR 45293587</b>

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	2020	12/16	/ 2020	\$ 3,079.64 *
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,079.64 *

Step 3:	Taxpayer's reason for refund (attach supporting documentation): <b>SUPPLEMENT 11</b>
	<b>GRANT DVHS FILED LATE Q/Y 2019 PBD 10/23/2019</b>
	<b>NR</b>

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 <i>gg</i> 12/13/2021	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE <i>12/9/21 MK</i> <i>Royaldo Cantu A/A 12/9/2021</i>	
	Authorized officer sign here 	Date 12/13/2021
	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 	Date 11/22/21 <i>CAF 11/21</i>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-ICC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following Payable Center A-4 12/14/21

Step 1: Owner's name and address	Owner's name <b>VAS TRANSPORTATION LLC</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>12/16/21</b> <i>OK</i> <b>12/17/2021</b>
	Present mailing address (number and street) <b>5901 N GUMWOOD</b>	
	City, town or post office, state, ZIP code <b>PHARR, TX 78577-5578</b>	

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIES FURNITURE FIXTURES EQUIPMENT &**

Step 2: Describe the property	<b>VEHICLES AT 5901 N GUMWOOD &amp; FIR ST/ NEW ACCT 2014</b>	
	Address or location of property:	
	<b>900949</b>	Tax receipt number:
	Account number of property: <b>S5937.99.000.0013.00</b>	<b>OR 43177475</b>

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	01/27 / 2020	\$ 3,208.63	\$ 3,208.63
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,208.63

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 21**

~~INCLUSION OF PROPERTY NON-EXISTENT~~

**NR**

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 <b>sign here</b> <i>[Signature]</i>	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 <b>sign here</b> <i>[Signature]</i>	Date <b>12/17/2021</b>
	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) <b>sign here</b> <i>[Signature]</i>	Date <b>11/22/21</b>

*[Handwritten initials]*

ADDED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: 12/13/2021 *JK*

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b> <i>Raynaldo Cantu AdAd</i> 12/9/21	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) <b>P O BOX 178</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>KNAPP SURGERY CENTER ASC LLC</b> †
	Present mailing address (number and street) <b>P.O. BOX 1110</b>
	City, town or post office, state, ZIP code <b>WESLACO, TX 78599</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>SUPPLIES INVENTORY FURNITURE FIXTURES</b>
	<b>MACHINERY &amp; EQUIPMENT AT 1402 E 6<sup>TH</sup> / NEW ACCT 2009</b>
	Address or location of property: <b>776022</b> *
	Account number of property: <b>W3800.99.692.0001.16</b> † OR <b>37365587</b> Tax receipt number:

<b>Step 3:</b> 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	2017 †	01/29 / 2018	\$ 9,946.80	\$ 9,946.80 <
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 9,946.80 ✓
Taxpayer's reason for refund (attach supporting documentation): <b>SUPPLEMENT 42</b>					
<b>SUBMITTED / ENTERED WRONG</b>					
<b>NR</b>					

<b>Step 4:</b> 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 <b>sign here</b> <i>[Signature]</i>	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.	

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b> <i>Linda Jorg</i>	Date 12/13/2021
	Collector(s) of taxing unit(s) for refund applications over amount for which governing body approval is required under Section 37.11 (tax code) <b>sign here</b> <i>Ant Salgado</i>	Date 11/22/21 <i>11/12/21</i>

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE

DATE: 12/06/21 *KAREN R. JG* 12/13/2021

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b> <i>Raynaldo Cantu JG 12/9/21</i>	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) <b>P O BOX 178</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>KNAPP SURGERY CENTER ASC LLC</b> <i>+</i>
	Present mailing address (number and street) <b>P.O. BOX 1110</b>
	City, town or post office, state, ZIP code <b>WESLACO, TX 78599</b>
	Phone (area code and number)

<b>Step 2: Describe the property</b>	Legal description (or attach copy of the tax bill or tax receipt): <b>SUPPLIES INVENTORY FURNITURE FIXTURES</b>
	<b>MACHINERY &amp; EQUIPMENT AT 1402 E 6<sup>TH</sup> / NEW ACCT 2009</b>
	Address or location of property: <b>776022</b> <i>A</i>
	Account number of property: <b>W3800.99.692.0001.16</b> <i>A</i> OR <b>39393128</b> Tax receipt number:

<b>Step 3: Give the tax payment information</b>	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	2018	12/20	/ 2018	\$ 9,921.34
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 9,921.34 <i>✓</i>

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 32** *A*

**SUBMITTED / ENTERED WRONG**

**NR**

<b>Step 4: sign the form</b>	"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 <i>Linda Jorg</i>	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
---	--

Authorized officer sign here <i>Linda Jorg</i>	Date 12/13/2021
Collector(s) of taxing units for refund applications over (insert amount for which governing body approved is required under Section 37.11, tax code) sign here <i>Jane Gallant</i>	Date 11/22/21 <i>CA 11/5/21</i>

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE KAREN 12/10/21

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<i>Reynaldo Cantu</i> 12/9/21	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) <b>P O BOX 178</b>	<i>12/13/2021</i>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		Phone (area code and number) <b>(956) 318-2157</b>

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

Step 1: Owner's name and address	Owner's name <b>KNAPP SURGERY CENTER ASC LLC</b>	
	Present mailing address (number and street) <b>P.O. BOX 1110</b>	
	City, town or post office, state, ZIP code <b>WESLACO, TX 78599</b>	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>SUPPLIES INVENTORY FURNITURE FIXTURES</b>	
	<b>MACHINERY &amp; EQUIPMENT AT 1402 E 6<sup>TH</sup> / NEW ACCT 2009</b>	
	Address or location of property: <b>776022</b>	
	Account number of property: <b>W3800.99.692.0001.16</b>	Tax receipt number: <b>OR 42463697</b>

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	12/27	/ 2019	\$ 9,700.64
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 9,700.64

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 22**  
**SUBMITTED / ENTERED WRONG**  
**NR**

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 <i>[Signature]</i>	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>[Signature]</i>	Date <b>12/13/2021</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 3.211, tax code) sign here <i>[Signature]</i>	Date <b>11/20/21</b>

*11/15/21*

AUDITED BY THE HIDALGO COUNTY AUDITOR'S OFFICE  
 DATE: 12/06/21 Karen P.

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	

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

Step 1: Owner's name and address	Owner's name <b>KNAPP SURGERY CENTER ASC LLC</b>	Phone (area code and number)
	Present mailing address (number and street) <b>P.O. BOX 1110</b>	
	City, town or post office, state, ZIP code <b>WESLACO, TX 78599</b>	

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>SUPPLIES INVENTORY FURNITURE FIXTURES</b>	
	<b>MACHINERY &amp; EQUIPMENT AT 1402 E 6<sup>TH</sup> / NEW ACCT 2009</b>	
	Address or location of property: <b>776022</b>	
	Account number of property: <b>W3800.99.692.0001.16</b>	Tax receipt number: <b>OR 46181318</b>

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	2020	01/21	/ 2021	\$ 9,505.03
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 9,505.03

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 12**  
**SUBMITTED / ENTERED WRONG**  
**NR**

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 <b>sign here</b>	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 <b>sign here</b> <i>Linda Jorg</i>	Date <b>12/13/2021</b>
	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) <b>sign here</b> <i>Jane Hill</i>	Date <b>11/22/21</b>

*Handwritten:* 11/15/21