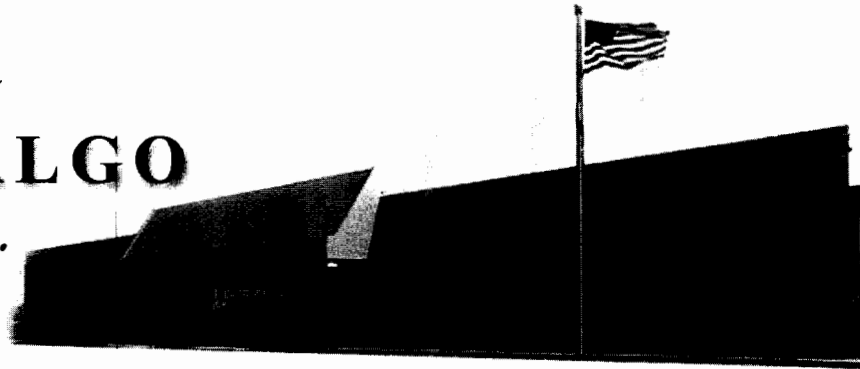


Office of Tax Assessor-Collector

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

January 24, 2022

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,

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

Pablo (Paul) Villarreal, Jr., PCC

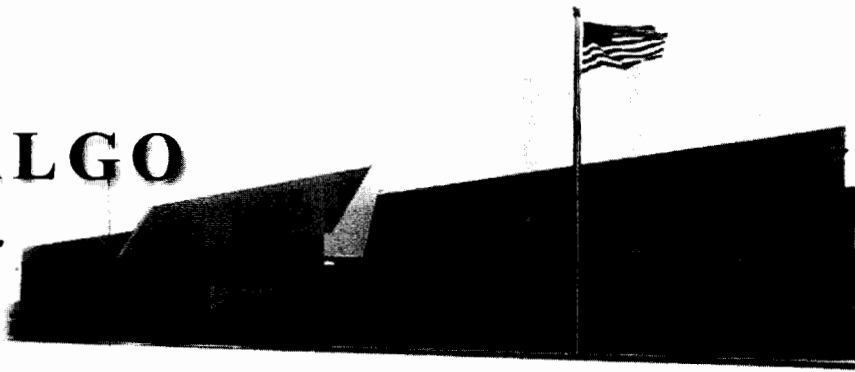
NR

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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Edinburg, Texas 78540-0178
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ACCOUNT NUMBER	PAYER	AMOUNT
C8152.00.000.0004.00	CASAREZ NORA V & RENE SALINAS CASAREZ	\$4,425.68
D5790.99.000.0001.00	DOCTOR HOSPITAL AT RENAISSANCE LTD	\$28,658.69
D5790.99.000.0001.05	WOMEN'S HOSPITAL AT RENAISSANCE	\$10,531.54
D5790.99.000.006A.01	DAY SURGERY AT RENAISSANCE	\$5,467.29
D5700.99.000.006A.02	RENAISSANCE GASTROENTEROLOGY	\$3,780.70
E3300.99.000.0000.Z9	WINTHROP RESOURCES CORP	\$10,545.50
I4000.99.000.0003.10	BAKER DISTRIBUTING CO# 712	\$2,539.99
I4000.99.000.0003.10	BAKER DISTRIBUTING CO# 712	\$3,571.70
J5700.00.009.0008.00	SANCHEZ ALBERTO & MARIA D	\$3,370.13
J9971.00.000.0001.00	JX PROPERTIES LLC	\$4,513.25
L1770.01.000.0046.00	RAMOS COSME M ROBLES & JESSICA RAMOS-BAH	\$2,543.33

APPROVED BY THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE 01/21/22 KAREN R.

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	<i>Raynaldo Cantor Lot 4</i> 1/13/2022	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>JG</i> 1/20/2022	
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 CASAREZ NORA V & RENE SALINAS CASAREZ	
	Present mailing address (number and street) 2610 EASY ST	
	City, town or post office, state, ZIP code EDINBURG, TX 78539	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): COPPERFIELD LOT 4 & 5	
	Address or location of property:	
	587605 *	
	Account number of property: C8152.00.000.0004.00 *	Tax receipt number: OR 43316125

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 *	01/29 / 2020	\$ 6,095.75	\$ 4,425.68
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4,425.68 ✓

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

GRANT DVHS FILED LATE Q/Y 2019 PBD 4/11/2019

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 01/21/2022
	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>[Signature]</i>	Date 1/22/21

GRANT
1/11/21

APPLICATION FOR TAX REFUND

APPROVED BY THE HIDALGO COUNTY AUDITORS OFFICE
 DATE: 11/12/22 KAYON R.

Collection office name HIDALGO COUNTY TAX OFFICE	Present mailing address (number and street) P O BOX 178	City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSI-SWL-JCC
Signature: <i>Reginaldo Cantu</i> / 1/13/2022 Date: <i>1/20/2022</i>		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 DOCTOR HOSPITAL AT RENAISSANCE LTD / ATTN: EMILY RIVERA A/P DEPT
	Present mailing address (number and street) P.O. BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES & EQUIPMENT
	AT 5501 NORTH MCCOLL RDV NEW ACCT 2003
	Address or location of property: 656423
	Account number of property: D5790.99.000.0001.00 OR 46580303

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	01/29	/ 2021	\$ 546,000.12
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 28,658.69

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."	
sign here	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date
	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

Maria A. Duran 01/21/2022
Janet Hillman 11/22/21
 11/18/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	<i>Rayalado Cantu Acct 1/13/2022</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-PD2-PD3-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>JJ</i> 1/20/2022	
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 WOMEN'S HOSPITAL AT RENAISSANCE/ ATTN:EMILY RIVERA A/P DEPT	
	Present mailing address (number and street) P.O. BOX 3293	
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES INVENTORY FURNITURE FIXTURES	
	EQUIPMENT & VEHICLES AT 5502 S MCCOLL / NEW ACCT 2008	
	Address or location of property: 776108	
	Account number of property: D5790.99.000.0001.05	Tax receipt number: OR 46579984

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	01/29	/ 2021	\$ 105,315.74
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 10,531.54

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 <i>sign here</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 <i>sign here</i> Maria A. Duran	Date 01/21/2022
	Collector(s) of taxing unit(s) for refund applications (insert unit(s) for which governing body approval is required under Section 31.11, tax code) <i>sign here</i> Paul Silphum	Date 1/22/21

Handwritten initials and date

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	<i>Raynaldo Cantu Acct</i> 1/12/2022	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>Jg</i> 1/20/2022	
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 DAY SURGERY AT RENAISSANCE / ATTN: EMILY RIVERA
	Present mailing address (number and street) P.O. BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES INVENTORY FURNITURE FIXTURES
	EQUIPMENT AT 5520 LEONARDO DA VINCI/ NEW ACCT 2019
	Address or location of property: 1186092
	Account number of property: D5790.99.000.006A.01

Tax receipt number:

OR 46580303

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	01/29 / 2021	\$ 54,672.88	\$ 5,467.29
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 5,467.29

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 <i>sign here</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 <i>sign here</i> Maria A. Duran	Date 01/21/2022
Collector(s) of taxing authority for refund applications over (asset amount) for which governing body approval is required under Section 31.11, tax code. <i>sign here</i> Paul Silphue	Date 1/22/22

Handwritten initials and date

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	<i>Raynaldo Cantu Sr</i> 1/13/2022	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>JR</i> 1/20/2022	
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 RENAISSANCE GASTROENTEROLOGY
	Present mailing address (number and street) P.O. BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES FURNITURE FIXTURES & EQUIPMENT
	AT 5520 LEONARDO DA VINCI / NEW ACCT 2020
	Address or location of property: 1241321
	Account number of property: DS700.99.000.006A.02 OR 46563553
	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	2020	01/29	/ 2021	\$ 75,613.88
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,780.70

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 <i>sign here</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 <i>sign here</i> Maria A Duran	Date 01/21/2022
	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) <i>sign here</i> Jane Hill	Date 11/22/21

Handwritten initials and date
11/15/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
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 WINTHROP RESOURCES CORP *
	Present mailing address (number and street) 11100 WAYZATA BLVD STE 800
	City, town or post office, state, ZIP code MINNETONKA, MN 55305-5525
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): LEASED EQUIPMENT AT SEB & CEB / NEW
	ACCT 2016
	Address or location of property: 1036555 *
	Account number of property: E3300.99.000.0000.Z9 OR Tax receipt number: 46490284

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	\$ 105,455.03
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 10,545.50 ✓ *

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 Reynaldo Cantu A.A.	Date of application for tax refund 1/10/2022

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 office Janice A. Duran *	Date 01/21/2022
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 3.011, tax code) Janice A. Duran *	Date 1/22/21

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 1-4-21 E.L.

COP 1/15/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) OHD-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	
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 BAKER DISTRIBUTING CO# 712 *
	Present mailing address (number and street) 14610 BREAKERS DR
	City, town or post office, state, ZIP code JACKSONVILLE, FL 32258-6468

Phone (area code and number)
(956) 318-2157

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES INVENTORY FURNITURE FIXTURES
	EQUIPMENT & VEHICLES AT 517 E CEDAR AVE STE A / NEW ACCT 2004
	Address or location of property: 670374 *
	Account number of property: 14000.99.000.0003.10 * OR Tax receipt number: 42379425

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 *	12/12	/ 2019	\$ 19,398.21
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,539.99 ✓ *

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	Date of application for tax refund 1/10/2022

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 1/20/2022	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 1-21-21 E.C.
	Authorized officer sign here	Date 01/21/2022
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approved as required under Section 31.11, tax code) sign here	Date 11/22/21

11/16/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		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		
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 BAKER DISTRIBUTING CO #712 ✕	
	Present mailing address (number and street) 14610 BREAKERS DR	
	City, town or post office, state, ZIP code JACKSONVILLE, FL 32258-6468	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES INVENTORY FURNITURE FIXTURES	
	EQUIPMENT & VEHICLES AT 517 E CEDAR AVE STE A / NEW ACCT 2004	
	Address or location of property: 670374 ✕	
	Account number of property: 14000.99.000.0003.10 ✕	Tax receipt number: OR 46425278

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	\$ 20,565.86
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,571.70 ✕

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 sign here	Date of application for tax refund 1/10/2022

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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 1-4-21 E.L.
	Authorized officer sign here	Date 01/21/2022	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 111, tax code) sign here	Date 1/22/21	

11/15/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
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 SANCHEZ ALBERTO & MARIA D †
	Present mailing address (number and street) 2207 S SAN ANTONIO AVE
	City, town or post office, state, ZIP code SAN JUAN, TX 78589-2784
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): JOHN CLOSER AN IRR TR W640-N610 LOT
	8 BLK 9 4.06 AC GR 3.57 AC NET
	Address or location of property: 200298 †
	Account number of property: 15700.00.009.0008.00 † OR 45235887 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	2020	12/11	/ 2020	\$ 7,656.86
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,370.13

Taxpayer's reason for refund (attach supporting documentation): **SUPPLEMENT 11**
GRANT HS,OA FILED LATE Q/Y 2019
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 Reynaldo Cantu	Date of application for tax refund 1/10/2022

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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 1-4-21 C.C.
	Authorized officer Maria A. Duran	Date 01/21/2022
	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) Janet Silberman	Date 11/22/21

11/18/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
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 JX PROPERTIES LLC *
	Present mailing address (number and street) 2900 BUDDY OWENS BLVD
	City, town or post office, state, ZIP code MCALLEN, TX 78504-0579
	Phone (area code and number)


Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): JX SPORTS LOT 1
	Address or location of property: 961072 *
	Account number of property: J9971.00.000.0001.00 * OR Tax receipt number: 46173440

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	01/20 / 2021	\$ 33,975.01	\$ 4,513.25
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4,513.25 *



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

THIS IS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE

SECTION 41.411 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."	
	sign here  Signature	Date of application for tax refund 1/10/2022

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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 1-4-21 C.L.
	sign here  Authorized officer Maria A. Duran	Date 01/21/2022	
	sign here  Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.10, Tax Code)	Date 11/22/21	

11/16/21

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
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 RAMOS COSME M ROBLES & JESSICA RAMOS-BAH †
	Present mailing address (number and street) 3208 ACADEMY AVE
	City, town or post office, state, ZIP code EDINBURG, TX 78541-4414
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LA PUERTA PH I LOT 46**

Step 2: Describe the property	Address or location of property: 709413 †
	Account number of property: L1770.01.000.0046.00 †
	Tax receipt number: OR 45335957

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 †	12/17	/	2020	\$ 2,850.29
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$	\$ 2,543.33 †

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

CORRECTING DVHS PBD TO 1/29/2020

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 †	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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 1-4-22 E.L. <i>Rosaldo Cantu</i> 1/10/22
	Authorized officer sign here † <i>Maria A. Duran</i>	Date 01/21/2022
	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>Jane Villalpando</i>	Date 1/22/21

CAP 1/17/21