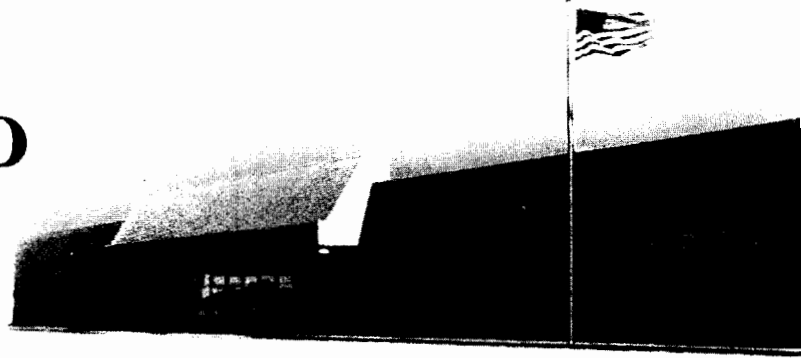


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

April 27, 2022

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

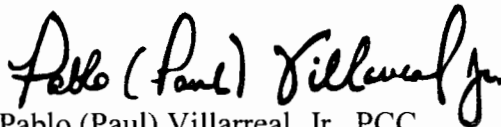
Re: See attached list

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

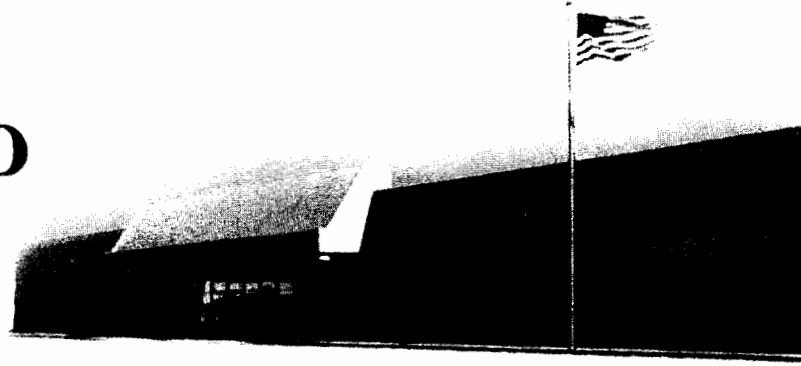
JMG

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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ACCOUNT NUMBER	PAYER	AMOUNT
M3849.03.000.0321.00	CLEAREDGE TITLE INC	\$5,302.53
P4355.00.000.0011.00	JOSEPHIN ASSAD	\$5,000.00
Q1000.02.000.0009.00	HUMBERTO CAVAZOS	\$4,430.56
S2950.00.000.0458.61	ENCORE TITLE LLC	\$5,071.00
W1800.00.001.0013.01	PENA FAMILY LIMITED PARTNERSHIP LTD	\$6,301.50



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539



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: 01/13/2022

C-TX837557

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *[Signature]*
 DATE: 4/14/2022 *[Signature]* 4/18/2022
Raynaldo Cantu A.A. 4/18/22

CLEAREDGE TITLE, INC ✕
 550 N MAIN STREET
 SUITE 207
 DUNCANVILLE, TX 75116

Account Number M3849-03-000-0321-00 HCAD No. 701730	✕
Legal Description of the Property MGM GRAND RANCHES PH 3 LOT 321 706 COMEDY DR	
OWNER: MCCRAY JAMES & PAOLA G	✕

2021 OVERAGE AMOUNT \$5,382.53 ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6070: LIGHT FEE MGM GRAND PHASE 3

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>ClearEdge Title</u> ✕	Relationship to Property Owner <u>Title Company</u>
	Mailing Address <u>2605 Enterprise Rd E, Suite 270</u> City, State, Zip Code <u>Clearwater, FL</u>	Daytime Telephone Number <u>(877) 516-3390</u> 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 <u>2021</u> 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	
	<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>\$5,349.18</u>
	Total tax, penalty, and interest amount owed for the year	
Step 5: How should the refund be processed?	Amount of refund claimed	<u>\$5,349.18</u>
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	<input type="checkbox"/> Mail to Property Owner	
	<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	
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	<u>3/04/22</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>Truda Fong</u> ✕ Date: <u>04/18/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✕ Date: <u>3/15/22</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 01/21/2022

*This was Paid
 online with a
 Credit Card*

Account Number P4355-00-000-0011-00 HCAD No. 790090	✓ ✓
Legal Description of the Property PARTRIDGE ESTATES LOT 11 2916 DRIFTWOOD LN 78574	
OWNER: ASSAD KATIA JOSEPHIN	✓
2021 OVERAGE AMOUNT \$5,000.00 ✓	

JOSEPHIN ASSAD
2916 DRIFTWOOD DR
MISSION, TX 78574

Reynaldo Cantu Acted 4/18/22

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 3-24-2022 *gg* 4/18/2022

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address: <i>Katur76@hotmail.com</i>
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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
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 type="checkbox"/> Transfer this amount to account _____ For tax year _____	
	<input checked="" type="checkbox"/> Escrow for next year's taxes <u>2022</u>	
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 <u>3-03-2022</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: <i>[Signature]</i> Date: <u>04/18/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3/10/2022</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 02/04/2022

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 4/14/22 LV *JJ* 4/19/2022

DATE: *Reynaldo Cantu A.A.* 4/18/22

HUMBERTO CAVAZOS ϕ
 2800 WAYMAKER WAY UNIT 6
 AUSTIN, TX 78746

Account Number Q1000-02-000-0009-00 ϕ HCAD No. 264011 ϕ
Legal Description of the Property QUAIL RUN PH 2 LOT 9 1518 HAWK CIR
OWNER: CAVAZOS HUMBERTO JR ϕ
2021 OVERAGE AMOUNT \$4,430.56 ϕ

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN 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 shows above	Name HUMBERTO CAVAZOS	Relationship to Property Owner OWNER
	Mailing Address 2800 WAYMAKER WAY UNIT 6 - Austin TX 78746	Daytime Telephone Number 956-451-8396
	City, State, Zip Code Unit 6 - Austin TX 78746	Email Address: CAVAZOS7H@GMAIL.COM
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2021 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 4430.56	
	<input checked="" 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	4430.56
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	4430.56
Step 5: How should the refund be processed?	<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>Humberto Cantu</i>	Date of application 3/7/2022
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Jorda Jorg</i> Date: 04/19/2022
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Jorda Jorg</i> Date: 3/11/22

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

103220



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: 02/02/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.
DATE: 4/14/2022 JJ 4/18/2022
Reynaldo Cantu Ad 4/18/22

Account Number S2950-00-000-0458-61 HCAD No. 282629
Legal Description of the Property JOHN H SHARY-E245'-W930.5'-N177.5'-S1023.7'-EXC N55'-E41' LOT 458 0.95AC NET LAS PALMAS
OWNER: ABREGO EVERARDO

ENCORE TITLE LLC
ESCROW ACCOUNTS
7000 NORTH 10TH STREET 2ND FLOOR
SUITE CS
MCALLEN, TX 78504

2021 OVERAGE AMOUNT \$5,071.00

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND 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 <u>Encore Title</u>	Relationship to Property Owner
	Mailing Address <u>7000 N. 10th St. Ste C5</u>	Daytime Telephone Number <u>956-682-0100</u>
	City, State, Zip Code <u>McAllen, TX 78504</u>	Email Address: <u>marie@encore-title.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>2021</u> 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	
	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	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	
	<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>X MB Chumo</u>	Date of application <u>3/8/22</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>Shonda Jorg</u> Date: <u>04/18/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Vill</u> Date: <u>3/15/22</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 01/08/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.
 DATE: 4/14/2022 Jg 4/18/2022
Raynaldo Cantu Asst 4/18/22

PENA FAMILY LIMITED PARTNERSHIP LTD ✕
401 EAGLE AVE
MCALLEN TX 78504

Account Number W1800-00-001-0013-01 HCAD No. 321206 ✕
Legal Description of the Property WEAVER'S BLK 1 N100' LOTS 13,14,15 & 16 S FM 88
OWNER: PENA FAMILY LIMITED PARTNERSHIP LTD ✕

2021 OVERAGE AMOUNT \$6,301.50 ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 23: CITY OF ELSA, 42: EDCOUCH-ELSA 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 <u>Pena Family Limited Partnership</u> Relationship to Property Owner <u>myself</u>
	Mailing Address <u>401 Eagle Ave</u> Daytime Telephone Number <u>(956) 7938779</u>
	City, State, Zip Code <u>McAllen, TX 78504</u> Email Address: <u>penafj@aol.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>2021</u> 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 <u>Tax already paid when we bought the lots last summer</u>
	<input checked="" type="checkbox"/> Paid in error (explain)
Step 4: Provide payment information	Total amount paid by this taxpayer <u>\$6301.50</u>
	Total tax, penalty, and interest amount owed for the year
	Amount of refund claimed <u>\$6301.50</u> ✕
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner
	<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 <u>[Signature]</u> ✕ Date of application <u>2/02/2022</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>[Signature]</u> Date: <u>04/18/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> ✕ Date: <u>3/5/22</u>

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