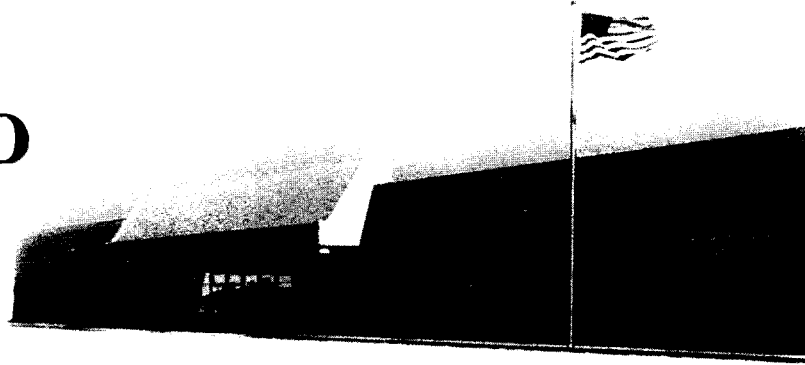


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RTA*



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

JULY 1, 2022

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

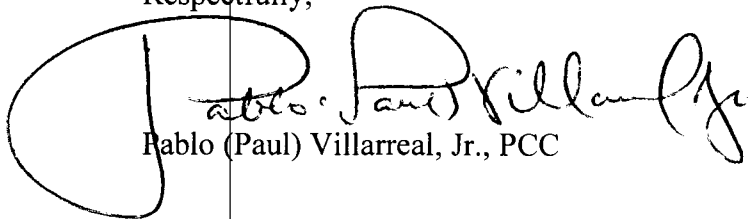
Re: See attached list

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.

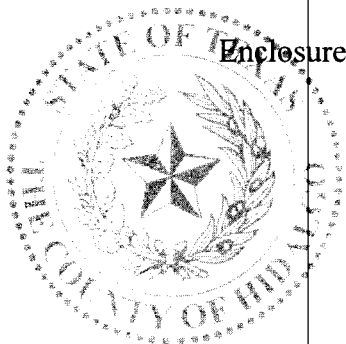
Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

JMG

Enclosure

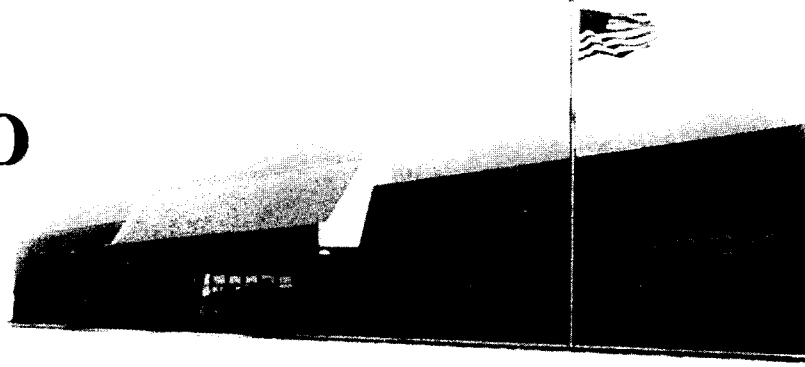


2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

Office of Tax Assessor - Collector

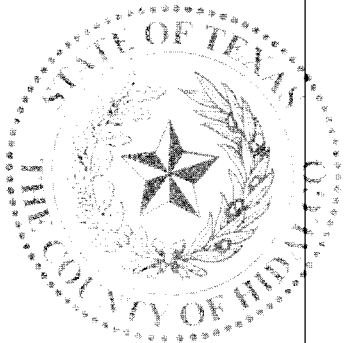
# COUNTY of HIDALGO

*Pablo "Paul" Villarreal, Jr. RTA*



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ACCOUNT NUMBER	PAYER	AMOUNT
HOSPI-TA-L9	CORNERSTONE HEALTHCARE GROUP H	\$229,503.25
H2550.00.013.0006.01	AURIEL INVESTMENTS LLC	\$7,601.14
N6730.02.000.0094.00	ARBE INVESTMENTS LLC	\$6,289.53



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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 04/20/2022

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<i>Royaldito Cantu Adol</i> 5/4/22	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>	<i>JG</i> 6/28/2022	
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  
**CORNERSTONE REGIONAL HOSPITAL (PAID BY: CORNERSTONE HEALTHCARE GROUP H)** ✓

Present mailing address (number and street)  
**2302 CORNERSTONE BLVD**

City, town or post office, state, ZIP code  
**EDINBURG, TX 78539**

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HEALTHCARE FUNDING DISTRICT**

**Step 2:**  
Describe the property

Address or location of property:

Account number of property: **HOSPI-TA-L9** ✓ OR Tax receipt number: **48061467**

**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 S/B 2021	2022	11/12 / 2021	\$ 229,503.25	\$ 229,503.25 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 229,503.25 ✓

Taxpayer's reason for refund (attach supporting documentation): **P/E ON ACCT: HOSPI-TA-L9**

**REFUND BACK TO PAYER**

**JMG**

**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: **3-16-22**

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

Authorized officer  
Sign here: *Linda Fong*

Date: **06/29/2022**

Collecting tax unit(s) for refund application only (insert amount for which governing body approval is required under Section 31.11, Tax Code) ✓  
Sign here: *Paul Selph*

Date: **3/23/2022**



**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: 03/25/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.  
 DATE: 6/21/2022 *6/28/2022*  
*Royaldo Cantu Asst 6/22/22*

Account Number H2550-00-013-0006-01 ✗ HCAD No. 189840 ✗
Legal Description of the Property HIDALGO CANAL CO-MC W1080' LOT 6 BLK 13 EXC 1.35AC D/D R/O/W 15AC GR 9.32AC NET 8001 N 10TH ST OWNER: AURIEL INVESTMENTS LLC

**AURIEL INVESTMENTS, LLC** ✗  
 100 E NOLANA, SUITE 130  
 MCALLEN, TX 78504

2021 OVERAGE AMOUNT \$7,601.14 ✗

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 shown above	Name	<u>Shavi Mehtani</u>	Relationship to Property Owner	<u>OWNER</u>
	Mailing Address	<u>100 E. Nolana St 130</u>	Daytime Telephone Number	<u>956-461-8888</u>
	City, State, Zip Code	<u>McAllen TX 78504</u>	Email Address	<u>shavi@aurielinvestments.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 checked="" type="checkbox"/>	Overpaid the account		
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information	Total amount paid by this taxpayer			
	Total tax, penalty, and interest amount owed for the year			
Attach copies of cancelled checks only if refund is over \$500.00	Amount of refund claimed			
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>Mi</u> ✗	Date of application	<u>4/4/22</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>Jorda Jorg</u>	Date: <u>06/29/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✗	Date: <u>4/19/22</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: 02/09/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 4/28/2022 *fg* 6/28/2022

*Reynaldo Cantu A.A.* 6/28/22

**ARBE INVESTMENTS, LLC** ✕  
 4102 CROSSPOINT BLVD  
 MCALLEN, TX 78539

Account Number N6730-02-000-0094-00
HCAD No. 520277 ✕
Legal Description of the Property NORTHRIDGE PARK PH 2 LOT 94
6917 N 1ST ST
OWNER: ARGENAL RODRIGO ✕

2021 OVERAGE AMOUNT \$6,289.33 ✕

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 shown above	Name <u>Arbe Investments, LLC</u>	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>(956) 467-0733</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	Email Address:
	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>\$12,579.06</u>
	Total tax, penalty, and interest amount owed for the year	<u>-6,289.33</u>
	Amount of refund claimed	<u>\$6,289.33</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>Edior Argonal</u> ✕	Date of application <u>03/30/2022</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>06/29/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/11/2022</u>

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