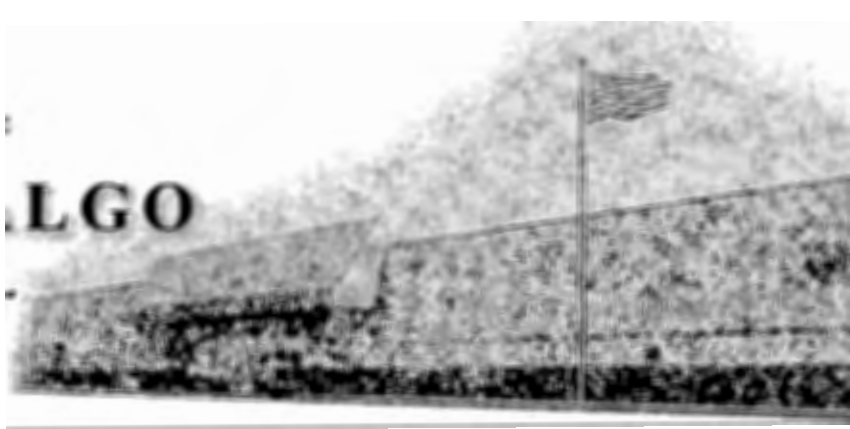


Office of Tax Assessor-Collector

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

June 23, 2023

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

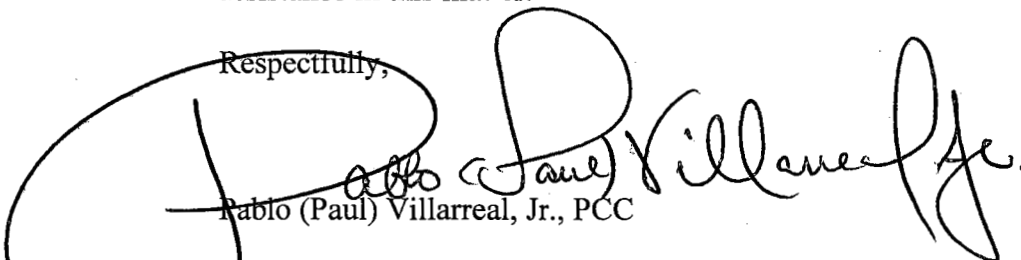
Re: See attached list

Commissioners Court:

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.

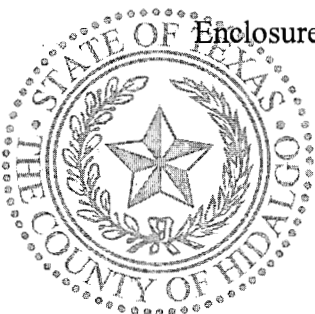
Respectfully,


Pablo (Paul) Villarreal, Jr., PCC



JT

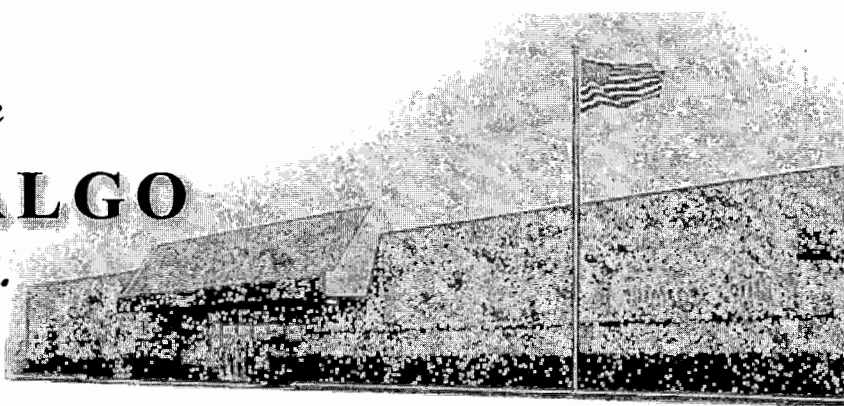
Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
D5790.99.000.0001.00	DOCTORS HOSPITAL AT RENAISSANCE LTD	\$216,281.69
D7610.01.011.0019.00	JESMER INVESTMENTS LLC	\$3,451.81
E3230.01.000.0001.00	TIERRA RUIZ LLC	\$3,125.50
E3300.00.233.0010.00	ALIGN INVESTMENTS LTD	\$3,158.39
F6300.00.000.0014.00	CORDOVA GLORIA LINDA & DIANA ELIZARDI	\$3,678.49
H3475.00.114.0000.03	GONZALEZ CARMEN & JAVIER	\$3,306.02
H3475.00.114.0000.03	GONZALEZ CARMEN & JAVIER	\$3,775.68
J2280.00.000.0003.01	ELI-GAR LTD	\$28,346.72
K3355.01.000.0023.00	BOTELLO ANACLETO & JESSICA	\$2,506.42
K3355.01.000.0023.00	BOTELLO ANACLETO & JESSICA	\$2,552.38
L1300.00.000.0150.01	ADRYCA PROPERTIES LLC	\$3,869.42
N6600.03.000.0001.00	ELI-GAR LTD	\$23,332.87
R1951.99.000.0001.00	DHR HEALTH FAMILY MEDICINE CENTER	\$3,715.96
R1951.99.000.0001.01	DHR HEALTH PRE ADMISSION TESTING	\$3,445.84
R1951.99.000.0001.02	DHR HEALTH LABORATORIES	\$5,978.87
R1951.99.000.0006.00	DHR HEALTH WOMEN'S IMAGING CENTER SPA	\$5,124.76

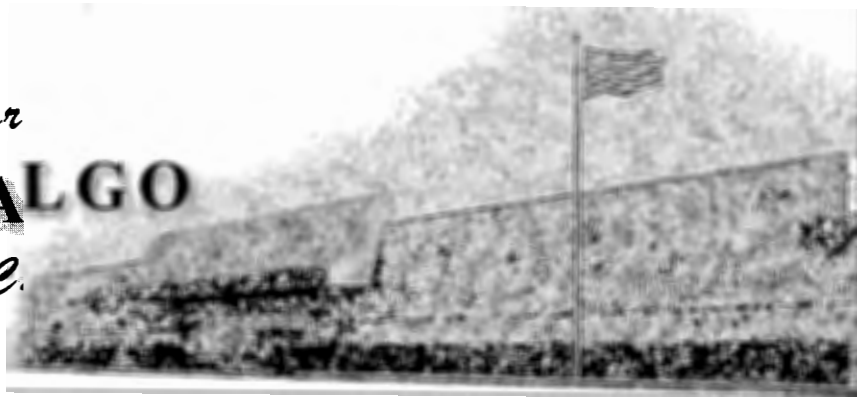


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Office of Tax Assessor-Collector

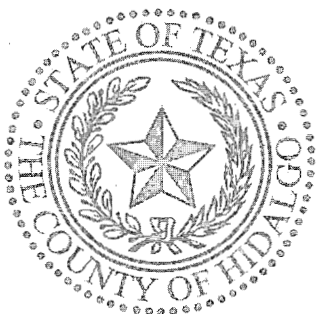
COUNTY of HIDALGO

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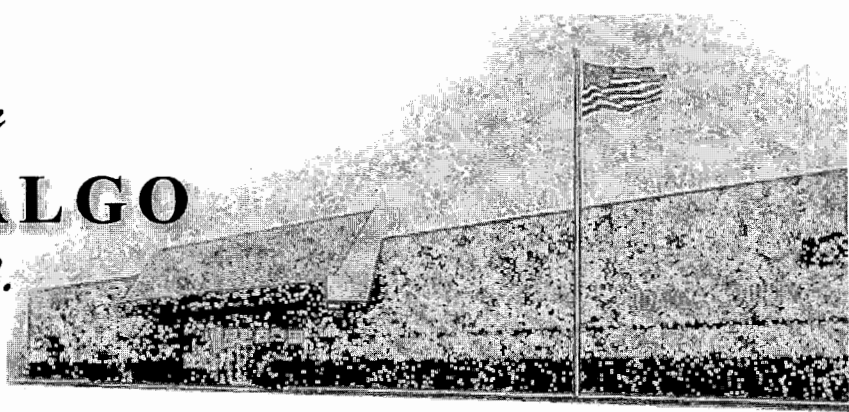
ACCOUNT NUMBER	PAYER	AMOUNT
R1951.99.000.0006.01	DHR HEALTH VEIN INSTITUTE	\$6,467.92
R1951.99.000.0006.02	DHR HEALTH TRANSPLANT INSTITUTE	\$8,660.02
R1951.99.000.0006.03	DHR HEALTH EAR NOSE & THROAT SPECIALIST	\$3,201.31
R1951.99.000.0006.04	DHR HEALTH KIDNEY TRANSPLANT CENTER	\$13,275.56
R1951.99.000.0006.06	DHR HEALTH HEPATOBILIARY PANCREAS & ORGAN TRANSPLANT SURGERY CENTER	\$12,026.05
R1951.99.000.0006.07	DHR HEALTH SURGERY INSTITUTE	\$37,753.64
R1954.99.000.0006.00	DHR HEALTH PLASTIC & RECONSTRUCTIVE SURGERY INSTITUTE	\$18,829.05
R3750.99.000.000A.02	DOCTORS HOSPITAL AT RENAISSANCE AT MID VALLEY	\$16,701.32
R4410.00.000.0002.00	RST TEXAS REAL ESTATE LP	\$9,233.10
R4410.99.000.0001.02	MASTERBRAND HOME PRODUCTS LLC	\$13,253.31
R5610.00.002.0024.00	RIOS HECTOR	\$2,578.56
S1553.01.003.0010.00	DE LA FUENTE KERRY D	\$7,420.96
S2950.00.000.0491.04	NORTH VIA CANTERA LLC	\$8,442.73
S3004.99.000.011A.10	LKQ CENTRAL INC	\$32,954.60



Office of Tax Assessor-Collector

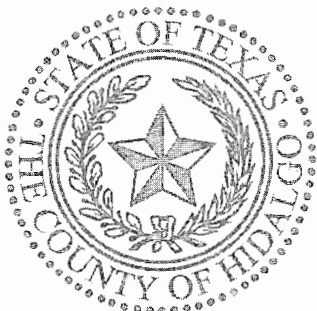
COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
S3982.01.000.0168.00	CRUZ OLGA L	\$3,071.58
S6765.00.000.0001.00	COLONNADE OF MCALLEN LP	\$16,000.00
T2100.00.278.0010.05	LOS COMPANEROS LLC	\$4,928.67
T3630.02.000.0023.01	CISNEROS EMELIA	\$2,643.97
T5553.00.000.0002.00	ELI-GAR LTD	\$19,870.03



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

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 DOCTORS HOSPITAL AT RENAISSANCE LTD ϕ ATTN:EMILY RIVERA A/P DEPT	
	Present mailing address (number and street) PO BOX 3293	
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293	Phone (area code and number)

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


Step 2: Describe the property	AT 5501 NORTH MCCOLL / NEW ACCT 2003	
	Address or location of property: 5501 S MCCOLL RD	
	656423 ϕ	
	Account number of property: D5790.99.000.0001.00 ϕ	Tax receipt number: OR 53325985



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	2022 ϕ	01/31	/ 2023	\$ 849,823.45 ϕ
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	✓ \$ 216,281.69 ϕ

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED**

WRONG

JVR

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 6/8/2023
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		HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: <u>Francisco Saenz</u> DATE: <u>5/26/2023</u> <u>6/08/23</u> <i>cm</i>
	Authorized officer sign here 	Date 06/09/2023	
	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 5/07/23	

5/15/23

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 JESMER INVESTMENTS LLC ϕ	
	Present mailing address (number and street) 3005 SAN RODRIGO	
	City, town or post office, state, ZIP code MISSION, TX 78572-7657	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): DOWNING NO. 11 LOT 19, 21 & 23	
	Address or location of property: 1810 JASON AVE	
	161314 ϕ	
	Account number of property: D7610.01.011.0019.00 ϕ	Tax receipt number: OR 53046300

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	2022 ϕ	01/23	/ 2023	\$ 18,537.88 ϕ \$ 3,451.81 ϕ
	2.			/	\$ \$
	3.			/	\$ \$
	4.			/	\$ \$
	5. TOTAL			/	\$ \$
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 THIS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411					
JVR					

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 \rightarrow	Date of application for tax refund 6/8/2023
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		HIDALGO COUNTY AUDITOR'S OFFICE
			APPROVED BY: <u>Francisco Saenz</u>
			DATE: <u>5/30/2023</u> <u>6/08/23</u> ϕ
Authorized officer sign here \rightarrow	<u>Linda Jorg</u>	Date 06/09/2023	
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 \rightarrow	<u>Jane Gillman</u> ϕ	Date 5/17/23	

Handwritten: 5/15/23

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 TIERRA RUIZ LLC
	Present mailing address (number and street) P O BOX 4869
	City, town or post office, state, ZIP code TUBAC, AZ 85646-4869
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): EDINBURG BUSINESS PLAZA UT 1 LOT 1
	Address or location of property: 2700 W CANTON RD
	163967
	Account number of property: E3230.01.000.0001.00 OR Tax receipt number: 51224321

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	2022	11/07	/ 2022	\$ 30,207.10
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	✓ \$ 3,125.50

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 CORRECTIONS DUE TO FAILURE TO SEND REQUIRED NOTICE. (SEC 41.411)**

JVR

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 JVR	Date of application for tax refund 6/8/2023

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	
	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: Francisco Saenz DATE: 5/30/2023 6/08/23	
	Authorized officer Linda Fong	Date 06/09/2023

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)
Jane Hillman

Date: **5/17/23**

Handwritten: 5/15/23

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 ALIGN INVESTMENTS LTD	
	Present mailing address (number and street) 3825 SOUTH "J" ST	
	City, town or post office, state, ZIP code MCALLEN, TX 78503-1483	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EDINBURG TOWNSITE LOT 10-11-12-13 BLK 233**

Step 2: Describe the property	Address or location of property: 215 E UNIVERSITY DR	
	164878	
	Account number of property: E3300.00.233.0010.00	Tax receipt number: OR 164878 52331089

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	2022	12/29	/ 2022	\$ 14,800.07
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,158.39

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 THIS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SEC 41.411**
JVR

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 6/8/2023
	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		HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: Francisco Saenz DATE: 5/30/2023 6/08/23
	Authorized officer sign here	Ronda Fong	Date 06/09/2023
	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	and Jillian	Date 5/17/23

5/15/23

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 CORDOVA GLORIA LINDA & DIANA ELIZARDI
	Present mailing address (number and street) 2311 FOX RUN ST
	City, town or post office, state, ZIP code MISSION, TX 78574-3203
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): FOX RUN LOT 14
	Address or location of property: 2311 FOX RUN ST
	175901
	Account number of property: F6300.00.000.0014.00 OR Tax receipt number: 51737915

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	2022	12/20 / 2022	\$ 9,259.61	\$ 3,678.49
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,678.49
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 GRANT DVHS PRB 8-9-22					
FILED LATE					
JVR					

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. 6/8/2023	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: Francisco Saenz DATE: 5/30/2023 6/08/23	
	Authorized officer sign here Linda Fong	Date 06/09/2023
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 Paul Villanueva	Date 5/17/23	

5/15/23

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 GONZALEZ CARMEN & JAVIER ϕ
	Present mailing address (number and street) 7844 N VAL VERDE RD
	City, town or post office, state, ZIP code DONNA, TX 78537-5249
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): HILL HALBERT-S170.4'-N852.1'-W674.81' AN IRR TR
	BLK 114 2.66AC NET
	Address or location of property: 7844 N VAL VERDE RD
	192934 ϕ
	Account number of property: H3475.00.114.0000.03 ϕ OR 50008522/50008546
	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	2021 ϕ	02/04	/ 2022	\$ 4,000.00 ϕ
2. ALL ENTITIES	2021 ϕ	02/04	/ 2022	\$ 2,108.77 ϕ	\$ 1,904.49
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ <input checked="" type="checkbox"/>	\$ 3,306.02 ϕ

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 GRANT HS & OA FILED LATE; FREEZES (GHD 2008 \$707.99) (JCC 2008 \$202.23) (SDN 2009 \$1156.10)**

JVR

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 ϕ	Date of application for tax refund 6/8/2023
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		HIDALGO COUNTY AUDITOR'S OFFICE
			APPROVED BY: <i>Francisco Saenz</i>
			DATE: 5/30/2023 6/08/23 <i>CM</i>
Authorized officer sign here ϕ	<i>Linda Fong</i>	Date 06/09/2023	
Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.01, tax code sign here ϕ	<i>Jane Hillman</i> ϕ	Date 5/17/23	

GHP 5/17/23

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 GONZALEZ CARMEN & JAVIER <i>ϕ</i>
	Present mailing address (number and street) 7844 N VAL VERDE RD
	City, town or post office, state, ZIP code DONNA, TX 78537-5249
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): HILL HALBERT-S170.4'-N852.1'-W674.81' AN IRR TR
	BLK 114 2.66AC NET
	Address or location of property: 7844 N VAL VERDE RD
	192934 <i>ϕ</i>
	Account number of property: H3475.00.114.0000.03 <i>ϕ</i> OR Tax receipt number: 52237937/52185447

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	2022 <i>ϕ</i>	01/10	/ 2023	\$ 3,643.70 <i>ϕ</i>
2. ALL ENTITIES	2022 <i>ϕ</i>	01/09	/ 2023	\$ 2,800.00 <i>ϕ</i>	\$ 472.23
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	✓ \$ 3,775.68 <i>ϕ</i>

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 GRANT HS & OA FILED LATE; FREEZES (GHD 2008 \$707.99) (JCC 2008 \$202.23) (SDN 2009 \$1156.10)**

JVR

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>ϕ</i>	Date of application for tax refund 6/8/2023

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	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: <i>Francisco Saenz</i> DATE: 5/30/2023 6/08/23 <i>CM</i>
	Authorized officer sign here <i>Linda Jorg</i>	Date 06/09/2023
	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>and William</i> <i>ϕ</i>	Date 5/17/23

CM
5/17/23

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 ELI-GAR LTD ϕ
	Present mailing address (number and street) 2446 SAN ISIDRO PARKWAY
	City, town or post office, state, ZIP code LAREDO, TX 78045-6393
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): JACKSON RIDGE COURT LOT 3
	Address or location of property: 1317 S JACKSON RD
	958631 ϕ
	Account number of property: J2280.00.000.0003.01 ϕ OR Tax receipt number: 52151380

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	2022 ϕ	12/29 / 2022	\$ 82,449.71 ϕ	\$ 28,346.72
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 28,346.72 ϕ
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 THIS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411					
JVR					

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.	

[Signature] 6/8/2023

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		HIDALGO COUNTY AUDITOR'S OFFICE
			APPROVED BY: <i>Francisco Saenz</i>
			DATE: 5/26/2023 <i>6/8/23 CM</i>
	sign here  Authorized officer	<i>Linda Fong</i>	Date
sign here 	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code)		Date
	<i>Ane Gilman ϕ</i>		5/17/23

CM
5/17/23

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		Phone (area code and number) (956) 318-2157				
City, town or post office, state, ZIP code EDINBURG TX 78540-0178						
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name BOTELLO ANACLETO & JESSICA ϕ					
	Present mailing address (number and street) 6805 NORTH 35TH ST					
	City, town or post office, state, ZIP code MCALLEN, TX 78504-5836		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): KEYSTONE ESTATES PH 1 LOT 23						
Step 2: Describe the property	Address or location of property: 6805 N 35TH ST					
	550679 ϕ					
	Account number of property: K3355.01.000.0023.00 ϕ		Tax receipt number: OR 39277770			
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	2018 ϕ	12/14 / 2018	\$ 2,506.42 ϕ	\$ 2,506.42	
	2.		/	\$	\$	
	3.		/	\$	\$	
	4.		/	\$	\$	
	5. TOTAL		/	\$	\$ 2,506.42 ϕ	
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 GRANT DVHS Q/Y 2018						
FILED LATE						
JVR						
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 <small>Signature</small>				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. <div style="text-align:right"><i>[Signature]</i> 6/8/2023</div>					
Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: <i>Francisco Saenz</i> DATE: 5/31/2023 06/08/23 <i>CM</i>					
	sign here <small>Authorized officer</small> <i>Linda Fong</i>				Date 06/09/2023	
sign here <small>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)</small> <i>and [Signature]</i>				Date 5/17/23		

CM
5/17/23

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

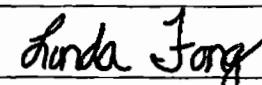
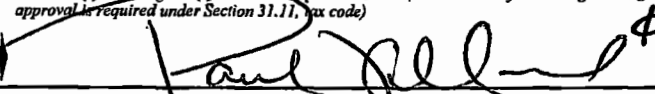
To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name BOTELLO ANACLETO & JESSICA
	Present mailing address (number and street) 6805 NORTH 35TH ST
	City, town or post office, state, ZIP code MCALLEN, TX 78504-5836
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): KEYSTONE ESTATES PH 1 LOT 23
	Address or location of property: 6805 N 35TH ST
	550679
	Account number of property: K3355.01.000.0023.00 OR Tax receipt number: 42324798

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	12/18 / 2019	\$ 2,552.38	\$ 2,552.38
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2,552.38
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 GRANT DVHS Q/YR 2018					
FILED LATE					
JVR					

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 	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	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: <u>Francisco Saenz</u> DATE: <u>5/31/2023</u> <u>6/08/23</u>
	sign here 	Date 06/09/2023
	sign here 	Date 5/17/23

Handwritten: CAP 5/17/23

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 ADRYCA PROPERTIES LLC	
	Present mailing address (number and street) 1804 N 23RD ST	
	City, town or post office, state, ZIP code MCALLEN, TX 78501-6122	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): LA LOMITA (HOIT) 4.70AC-NW12.17AC E 1/2 LOT	
	150 4.70AC	
	Address or location of property: 4117 HWY 83	
	211016	
	Account number of property: L1300.00.000.0150.01	Tax receipt number: OR 52470807

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	2022	12/31 / 2022	\$ 11,055.52	\$ 3,869.42
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,869.42

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 WRONG RATE APPLIED:
PER APPRAISER'S REVIEW
JVR**

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 [Signature]	Date of application for tax refund 6/8/2023

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		HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: Francisco Saenz DATE: 5/26/2023 6/08/23
	Authorized officer [Signature]	Date 06/09/2023	
	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) [Signature]	Date 5/17/23	

CMP 5/17/23

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

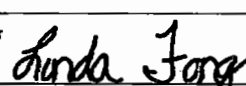
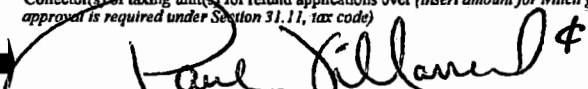
To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name ELI-GAR LTD ☿
	Present mailing address (number and street) 2446 SAN ISIDRO PARKWAY
	City, town or post office, state, ZIP code LAREDO, TX 78045-6393
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): NORTH PARK ESTATES UT NO. 3 LOT 1
	Address or location of property: 1601 DOVE AVE
	654459 ☿
	Account number of property: N6600.03.000.0001.00 ☿ OR Tax receipt number: 52151385

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	2022 ☿	12/29 / 2022	\$ 67,582.51 ☿	\$ 23,332.87
	2.		/	\$ -	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 23,332.87 ☿
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 THIS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411					
JVR					

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 6/8/2023
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		HIDALGO COUNTY AUDITOR'S-OFFICE APPROVED BY: Francisco Saenz DATE: 5/26/2023 6/08/23 CM
	Authorized officer sign here 	Date 06/09/2023	
	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 5/17/23	CM 5/16/23

APPROVED BY: *Karen Ramirez*
 DATE: 05/31/2023 6/01/23 *CM*

APPLICATION FOR TAX REFUND

[Signature] 6/8/2023

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 DHR HEALTH FAMILY MEDICINE CENTER ✓
	ATTN EMILY RIVERA
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

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

Step 2: Describe the property	AT 1000 E DOVE STE 200 / NEW ACCT 2016	
	Address or location of property: 1000 E DOVE AVE STE-200	
	1018821 ✓	
	Account number of property: R1951.99.000.0001.00 ✓	Tax receipt number: OR 53325868

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	2022 ✓	01/31	/ 2023	\$ 24,384.76
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,715.96 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**

WRONG

JVR

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 <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	
	sign here <i>[Signature]</i>	Date 06/09/2023
	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 5/18/23

[Handwritten] 5/17/23

APPROVED BY: *Karen Ramirez*
 DATE: 05/31/2023 6/01/23 *CMO*

APPLICATION FOR TAX REFUND

RR 6/8/2023

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 DHR HEALTH PRE ADMISSION TESTING ✓
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

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

Step 2: Describe the property	AT 1000 E DOVE AVE STE 100 / NEW ACCT 2020
	Address or location of property: 1000 E DOVE AVE STE 100
	1238759 ✓
	Account number of property: R1951.99.000.0001.01 ✓
	Tax receipt number: OR 53325985

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	2022 ✓	01/31	/ 2023	\$ 10,039.41
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,445.84 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED** ✓

WRONG

JVR

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 <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	
	sign here <i>[Signature]</i> Authorized officer	Date 06/09/2023
	sign here <i>[Signature]</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)	Date 5/18/23

CMO
5/18/23

APPROVED BY: *Karen Ramirez*
 DATE: 05/31/2023 6/01/23 *CMO*

6/8/2023

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 DHR HEALTH LABORATORIES ✓
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES FURNITURE FIXTURES & EQUIPMENT
	AT 1000 E DOVE AVE STE 150 / NEW ACCT 2020
	Address or location of property: 1000 E DOVE AVE STE 150
	1238760 ✓
Account number of property: R1951.99.000.0001.02 ✓	Tax receipt number: 53325985

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	2022 ✓	01/31	/ 2023	\$ 13,572.42
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,978.87 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED** ✓

WRONG

JVR

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	
	sign here → Authorized officer <i>Linda Fong</i>	Date 06/09/2023
	sign here → 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>and William</i> ✓	Date 5/18/23

CMO 5/18/23

RJ 6/8/2023

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 DHR HEALTH WOMEN'S IMAGING CENTER SPA ✓ EMILY RIVERA
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

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

Step 2: Describe the property	AT 1100 E DOVE AVE STE 100 / NEW ACCT 2019
	Address or location of property: 1100 E DOVE AVE STE-100
	1184201 ✓
	Account number of property: R1951.99.000.0006.00 ✓ OR 53325985
	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	2022 ✓	01/31	/ 2023	\$ 41,190.79
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,124.76 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**

WRONG

JVR

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	
	Authorized officer sign here <i>Linda Fong</i>	Date 06/09/2023
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.21, tax code) sign here <i>Paul Williams</i>	Date 5/18/23

CMO 5/18/23

APPROVED BY: Karen Ramirez
 DATE: 05/31/2023 6/01/23 CM

APPLICATION FOR TAX REFUND

6/8/2023

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 DHR HEALTH VEIN INSTITUTE ✓ ATTN: EMILY RIVERA - ACCTS PAYABLE
	Present mailing address (number and street) PO 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 1100 E DOVE AVE STE 300 / NEW ACCT 2019
	Address or location of property: 1100 E DOVE AVE STE 300
	1184344 ✓
	Account number of property: R1951.99.000.0006.01 ✓ OR 53325868
	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	2022 ✓	01/31	/ 2023	\$ 9,161.17
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6,467.92 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**

WRONG

JVR

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 <u>[Signature]</u>	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	
	sign here <u>[Signature: Linda Fong]</u>	Date 06/09/2023
	sign here <u>[Signature: Paul Silberman]</u> ✓	Date 5/18/23

5/18/23

APPLICATION FOR TAX REFUND

RQ 6/8/2023

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 DHR HEALTH TRANSPLANT INSTITUTE ✓ LIVER SPECIALTY CENTER ATTN: EMILY RIVERA - ACCTS PAYABLE
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293
	Phone (area code and number)

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


Step 2: Describe the property	AT 1100 E DOVE AVE STE 200 / NEW ACCT 2019	
	Address or location of property: 1100 E DOVE AVE STE 202	
	1184814 ✓	
	Account number of property: R1951.99.000.0006.02 ✓	Tax receipt number: OR 53325868

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	2022	01/31	/ 2023	\$ 16,742.01
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 8,660.02 ✓ ✓

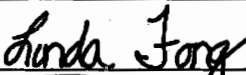
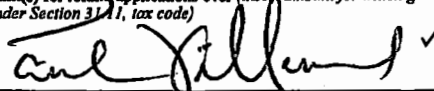
Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**

WRONG

JVR

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	
	sign here  Authorized officer	Date 06/09/2023
	sign here  Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.1, tax code)	Date 5/18/23

CM
5/18/23

APPLICATION FOR TAX REFUND

RO 6/8/2023

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 DHR HEALTH EAR NOSE & THROAT SPECIALIST ✓ SIMON MILOV MO
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

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

Step 2: Describe the property	AT 1100 E DOVE AVE STE 402 / NEW ACCT 2020	
	Address or location of property: 1100 E DOVE AVE STE 402	
	1236716 ✓	
	Account number of property: R1951.99.000.0006.03 ✓	Tax receipt number: OR 53325985

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	2022 ✓	01/31	/ 2023	\$ 10,493.18
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,201.31 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**

WRONG

JVR

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 <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	
	sign here <i>[Signature]</i> Linda Jorg	Date 06/09/2023
	sign here <i>[Signature]</i> Paul Tillman ✓	Date 5/18/23

CM
5/18/23

APPLICATION FOR TAX REFUND THE HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name HIDALGO COUNTY TAX OFFICE	APPROVED BY: 05/30/23 LV	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	DATE: 5/30/23 <i>CM</i>	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	<i>[Signature]</i> 6/8/2023	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: **DHR HEALTH KIDNEY TRANSPLANT CENTER** ✓
 Present mailing address (number and street): **PO 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 1100 E DOVE AVE STE 200 / NEW ACCT 2020
 Address or location of property: **1100 E DOVE AVE STE 200**
1238588 ✓
 Account number of property: **R1951.99.000.0006.04** ✓ Tax receipt number: **53325985** OR

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	2022 ✓	01/31 / 2023	\$ 17,094.49 ✓	\$ 13,275.56
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 13,275.56 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED**
WRONG
JVR

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]* 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

sign here: *[Signature]* Authorized officer Date: **06/08/2023**

sign here: *[Signature]* Collector(s) of taxing unit(s) for refund applications over (first amount for which governing body approval is required under Section 31.17, tax code) Date: **5/18/23**

CMH
5/18/23

APPLICATION FOR TAX REFUND THE HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name HIDALGO COUNTY TAX OFFICE	APPROVED BY: 05/30/23 LV	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	DATE: 5/30/23 CM	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	<i>[Signature]</i> 6/8/2023	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 **DHR HEALTH HEPATOBIILIARY PANCREAS & ORGAN TRANSPLANT SURGERY CENTER**
Present mailing address (number and street)
PO 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 1100 E DOVE AVE STE 201 / NEW ACCT 2020
Address or location of property: **1100 E DOVE AVE STE 201**
1238756 ✓
Account number of property: **R1951.99.000.0006.06** ✓ Tax receipt number:
OR **53325985**

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	2022 ✓	01/31 / 2023	\$ 27,633.13 ✓	\$ 12,026.05 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 12,026.05 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED**
WRONG
JVR

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 Approved Disapproved

sign here Authorized officer *[Signature]* Date **06/08/2023**
sign here 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) *[Signature]* Date **5/18/23**

CAO
5/18/22

APPLICATION FOR TAX REFUND THE HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name HIDALGO COUNTY TAX OFFICE		APPROVED BY: 05/30/23 LV		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		DATE: 5/30/23 CM				
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		6/8/2023		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 DHR HEALTH SURGERY INSTITUTE ✓					
	Present mailing address (number and street) PO 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 1100 E DOVE AVE STE 301 / NEW ACCT 2020					
	Address or location of property: 1100 E DOVE AVE STE 301					
	1238758 ✓					
Account number of property: R1951.99.000.0006.07 ✓			Tax receipt number: OR 53325985			
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		2022 ✓	01/31 / 2023	\$ 50,110.87 ✓	\$ 37,753.64 ✓
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 37,753.64 ✓
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 SUBMITTED/ENTERED						
WRONG						
JVR						
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					
	sign here	Authorized officer	Date			
	sign here	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.17a, tax code)	Date			

Linda Fong
Jane Killen

06/08/2023
5/18/23
5-16-23

APPLICATION FOR TAX REFUND THE HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name HIDALGO COUNTY TAX OFFICE	APPROVED BY: 05/30/23 LV	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	DATE: 5/30/23 CM	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	6/8/2023	

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

Step 1: Owner's name and address

Owner's name
DHR HEALTH PLASTIC & RECONSTRUCTIVE ✓
SURGERY INSTITUTE

Present mailing address (number and street)
PO BOX 3293

City, town or post office, state, ZIP code
MCALLEN, TX 78502-3293

Phone (area code and number)

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

Step 2: Describe the property

AT 1100 E DOVE AVE STE 400 / NEW ACCT 2020

Address or location of property: **1100 E DOVE AVE STE 400**

1238754 ✓

Account number of property: **R1954.99.000.0006.00 ✓** Tax receipt number: **OR 53325985**

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	2022 ✓	01/31 / 2023	\$ 34,670.04 ✓	\$ 18,829.05 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 18,829.05 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTBED**

WRONG

JVR

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 Approved Disapproved

sign here → Authorized officer **Linda Fong** Date **06/08/2023**

sign here → Collector(s) of taxing unit(s) for refund applications over (total amount for which governing body approval is required under Section 31.11, tax code) **Jane Villanueva ✓** Date **5/18/23**

CMR 5/18/23

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	THE HIDALGO COUNTY AUDITOR'S 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	APPROVED BY: 05/30/23 LV	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 5/30/23 CM	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: **DOCTORS HOSPITAL AT RENAISSANCE AT MID VALLEY** ✓
 Present mailing address (number and street): **C/O MS EMILY RIVERA ACCOUNTS PAYABLE**
PO 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 1121 SOUTH JAMES /NEW ACCT 2005
 Address or location of property: **1121 S JAMES ST**
762156 ✓
 Account number of property: **R3750.99.000.000A.02** ✓ Tax receipt number: **OR 53325985**

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	2022 ✓	01/31 / 2023	\$ 22,245.04 ✓	\$ 16,701.32 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 16,701.32 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED**
WRONG
JVR

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 Approved Disapproved

sign here: _____ Authorized officer: **Linda Fong** Date: **06/08/2023**

sign here: _____ Collector(s) of taxing entity for refund applications over (insert amount for which governing body approval is required under Section 31.11, Tax code): **Jane Villena** Date: **5/18/23**

5/16/23

APPROVED BY: *Karen Ramirez*
 DATE: *05/26/2023* *5/31/23 CM*

APPLICATION FOR TAX REFUND

6/8/2023

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: **RST TEXAS REAL ESTATE LP** ✓
 Present mailing address (number and street): **1709 E PIKE BLVD**
 City, town or post office, state, ZIP code: **WESLACO, TX 78599-5026** Phone (area code and number):

Step 2: Describe the property

Legal description (or attach copy of the tax bill or tax receipt): **RST TEXAS REAL ESTATE LOT 2**

Address or location of property: **1705 HAGGAR AVE**
729965 ✓
 Account number of property: **R4410.00.000.0002.00** ✓ Tax receipt number: **53049143** OR

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	2022 ✓	01/31 / 2023	\$ 93,701.15	\$ 9,233.10
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 9,233.10 ✓✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 THIS IS A CLERICAL ERROR; SUBMITTED/ENTERED WRONG** ✓
JVR

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 Approved Disapproved

sign here: _____ Authorized officer: *Linda Fong* Date: **06/08/2023**

sign here: _____ Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code): *and Jill* ✓ Date: **5/18/23**

CM 5-18-23

APPLICATION FOR TAX REFUND

[Signature] 6/8/2023

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		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name MASTERBRAND HOME PRODUCTS LLC ✓						
	Present mailing address (number and street) 3700 CAMINO DE VERDAD RD						
	City, town or post office, state, ZIP code WESLACO, TX 78596		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY SUPPLIES FURNITURE FIXTURES							
Step 2: Describe the property	EQUIPMENT & VEHICLES AT 1701 E HAGGAR AVE/ NEW ACCT 2022						
	Address or location of property: 1701 E HAGGARS AVE						
	1459646 ✓						
	Account number of property: R4410.99.000.0001.02 ✓		Tax receipt number: OR 53333448				
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		2022 ✓	01/31	/ 2023	\$ 145,786.24	\$ 13,253.31 ✓
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 13,253.31 ✓✓
	Taxpayer's reason for refund (attach supporting documentation): SUPP 6 SUBMITTED/ENTERED						
WRONG 10% RENDITION PENALTY WAIVED ✓							
JVR							
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						
	sign here Authorized officer Linda Jorg					Date 06/09/2023	
	sign here 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)					Date 5/18/23	

CM
5/18/23

APPROVED BY: *Karen Ramirez*

ROE 6/8/2023

DATE: 05/26/2023, 5/31/23 *CMO*

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 RIOS HECTOR ✓
	Present mailing address (number and street) 1630 S GEORGIA AVE
	City, town or post office, state, ZIP code MERCEDES, TX 78570-4106
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): RYAN ESTATES LOT 24-26 BLK 2
	Address or location of property: 810 MICAELA DR
	719670 ✓
	Account number of property: R5610.00.002.0024.00 ✓ OR 51633934 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	2022 ✓	12/15	/ 2022	\$ 10,197.79
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,578.56 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 THIS IS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411** ✓

JVR

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>Linda Fong</i>	Date 06/08/2023
	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 5/18/23

[Handwritten signature and date] *CMO* 5-18-23

APPROVED BY: *Karen Ramirez*

DATE: 05/30/2023 5/31/23 *CM*

APPLICATION FOR TAX REFUND

RR 6/8/2023

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 DE LA FUENTE KERRY D ✓
	Present mailing address (number and street) 1939 TIERRA SANTA CIR
	City, town or post office, state, ZIP code EDINBURG, TX 78542-5316
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SANTA CRUZ PH 1 SEC 3 LOT 10
	Address or location of property: 1939 TIERRA SANTA CIRCLE
	1236925 ✓
	Account number of property: S1553.01.003.0010.00 ✓ OR 51738100 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	2022 ✓	12/20 / 2022	\$ 8,544.63	\$ 7,420.96 ✓
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 7,420.96 ✓
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 GRANT DVHS PDB 2-18-2022					
FILED LATE ✓					
JVR					

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 <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	
	sign here <i>[Signature]</i> Linda Fong	Date 06/08/2023
	sign here <i>[Signature]</i> and Jillanaul	Date 5/18/23

CM
5-18-23

APPLICATION FOR TAX REFUND

6/8/2023

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 NORTH VIA CANTERA LLC ✓					
	Present mailing address (number and street) 3805 PLANTATION GROVE BLVD STE D					
	City, town or post office, state, ZIP code MISSION, TX 78572		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): JOHN H SHARY BNG'2 IRR TR 5 JOHN H SHARY BNG 2						
Step 2: Describe the property	IRR TR 5 W207.88'-E470.82'-N561.83' LOT 491 6.18 AC & AN IRR TR E1122.57' EXC W200.41'-N197.68 LOT 501 27.40AC					
	Address or location of property: GLASSCOCK & 107					
	282795 ✓					
	Account number of property: S2950.00.000.0491.04 ✓		Tax receipt number: OR 53047283			
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	2022	✓ 01/31 / 2023	\$ 22,804.85	\$ 8,442.73 ✓	
	2.		/	\$	\$	
	3.		/	\$	\$	
	4.		/	\$	\$	
	5. TOTAL		/	\$	\$ 8,442.73 ✓ ✓	
Taxpayer's reason for refund (attach supporting documentation): SUPP 6 THIS IS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411 ✓						
JVR						
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					
	sign here Authorized officer Linda Fong				Date 06/08/2023	
	sign here 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)				Date 5/18/23	

Handwritten initials and date: CM 5-18-23

6/8/2023

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 LKQ CENTRAL INC ✓ LKQ CORPORATION
	Present mailing address (number and street) PO BOX 25247
	City, town or post office, state, ZIP code NASHVILLE, TN 37202
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2022/RELOC TO: R3316-99-000-0001-01;**

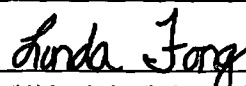
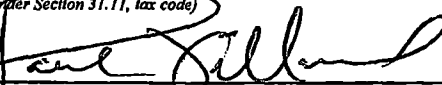
Step 2: Describe the property	INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 5001 TANYA AVE STE 100 /NEW ACCT 2021
	Address or location of property: 5001 TANYA AVE STE-100
	1333604 ✓
	Account number of property: S3004.99.000.011A.10 ✓ OR 53368561

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	2022 ✓	01/31	/ 2023	\$ 32,954.60
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 32,954.60 ✓ ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 SUBMITTED/ENTERED ✓**
WRONG. CORRECT ACCOUNT RELOCATED TO: R3316.99.000.0001.00 PAID OFF.
JVR

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	
	Authorized officer sign here 	Date 06/08/2023
	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 5/18/23

5-18-23

RR 6/8/2023

DATE: 05/30/2023 5/31/23 *CMO*

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 CRUZ OLGA L ✓						
	Present mailing address (number and street) 2920 CASSIE						
	City, town or post office, state, ZIP code EDINBURG, TX 78541-7919		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): SOLANA PH 1 LOT 168							
Step 2: Describe the property	Address or location of property: 2920 CASSIE ST						
	595627 ✓						
	Account number of property: S3982.01.000.0168.00 ✓		Tax receipt number: OR 51738100				
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		2022 ✓	12/20	/ 2022	\$ 3,071.58	\$ 3,071.58 ✓
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 3,071.58 ✓
	Taxpayer's reason for refund (attach supporting documentation): SUPP. 6 GRANT HS/DVHS PBD ✓						
12-01-2021 FILED LATE							
JVR							
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						
	sign here Authorized officer Linda Jorg					Date 06/08/2023	
	sign here 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)					Date 5/18/23	
	<i>5/16/23</i>						

PO 6/8/2023

DATE: 05/30/2023 5/31/23 *CMO*

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-ICC
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 COLONNADE OF MCALLEN LP ✓
	Present mailing address (number and street) 1525 LAKEVILLE DR
	City, town or post office, state, ZIP code KINGWOOD, TX 77339
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SUE'S PLACE LOTS 1 & 2 & 3A 25 X 200 SQ FT
	HCWID #3 LRL
	Address or location of property: 6500 N 10TH ST
	629500 ✓
	Account number of property: S6765.00.000.0001.00 ✓ OR 52542497 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	2022 ✓	01/19	/ 2023	\$ 90,000.00
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 16,000.00 ✓

Taxpayer's reason for refund (attach supporting documentation): SUPP 6 THIS IS A CLERICAL SUBMITTED/ENTERED WRONG. ✓
JVR

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 <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 06/08/2023
	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 5/18/23

CMO
5/18/23

APPROVED BY: *Karen Ramirez*
 DATE: *05/30/2023 5/31/23* *CMB*

6/8/2023

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 LOS COMPANEROS LLC ✓	
	Present mailing address (number and street) 705 N DEPOT RD	
	City, town or post office, state, ZIP code EDINBURG, TX 78541-5865	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): TEX-MEX SURVEY W175.88'-E410.38' LOT 1	
	& W175.88'-E410.38' LOT 3 R/S LOT 10 BLK 278 2.98AC GR 2.90AC NET	
	Address or location of property: 4113 W FREDDY GONZALEZ DR	
	297579 ✓	
	Account number of property: T2100.00.278.0010.05 ✓	Tax receipt number: OR 51869207

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	2022 ✓	12/28	/ 2022	\$ 11,294.04
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,928.67 ✓ ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 GRANT AG USE** ✓

JVR

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 <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	
	sign here <i>[Signature: Linda Fong]</i>	Date 06/08/2023
	sign here <i>[Signature]</i>	Date 5/18/23

5/18/23

APPLICATION FOR TAX REFUND

RC 6/8/2023

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 CISNEROS EMELIA ✓
	Present mailing address (number and street) 4721 N 5TH ST
	City, town or post office, state, ZIP code MCALLEN, TX 78504-2947

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): THE OAKS UT 2 N1/2 LOT 23 & ALL LOT 24
	Address or location of property: 4721 N 5TH ST
	301685 ✓
	Account number of property: T3630.02.000.0023.01 ✓ OR 51841419

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	2022 ✓	12/27	/ 2022	\$ 5,435.63
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,643.97 ✓ ✓

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 JVR	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 Linda Jorg	Date 06/08/2023
	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) and Jillian	Date 5/18/23

5-18-23

APPROVED BY: *Karen Ramirez*
 DATE: 05/30/2023 5/31/23 *CM*

6/8/2023

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 ✓ ELI-GAR LTD ATTN ELUID GARCIA
	Present mailing address (number and street) 2446 SAN ISIDRO PARKWAY
	City, town or post office, state, ZIP code LAREDO, TX 78045-6393
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TINSELTOWN LOT 2**

Address or location of property: **574047 1520 E EXPWY 83**

574047 ✓

Account number of property: **T5553.00.000.0002.00** ✓ OR **52151382**

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	2022 ✓	12/29	/ 2022	\$ 50,607.71
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 19,870.03 ✓

Taxpayer's reason for refund (attach supporting documentation): **SUPP 6 THIS IS A CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE SECTION 41.411** ✓

JVR

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]* 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

sign here *[Signature]* Authorized officer

Date **06/08/2023**

sign here *[Signature]* 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)

Date **5/18/23**

5-18-23