

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

August 04, 2023

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

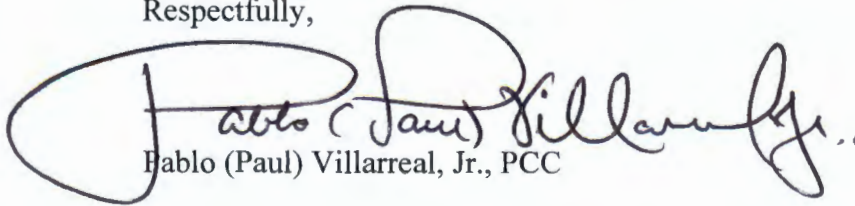
Re: See attached list

Commissioners Court:

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

KGR

Enclosure



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

ACCOUNT NUMBER	PAYER	AMOUNT
A2360.99.000.0001.00	ARGOS FOODS LLC	\$3,450.10
C7670.00.000.0011.00	TEXAS ENTITIES MANAGEMENT LLC	\$2,572.83
F4610.00.000.0012.00	YARDI SYSTEMS INC MORTGAGE RELIEF FUND	\$3,739.73
J3325.00.000.0081.00	DOMAIN DEVELOPMENT CORP	\$23,316.30
L1700.99.000.006B.22	RYAN TAX COMPLIANCE SERVICES LLC PAYING FOR DARDEN	\$10,183.73
N5400.00.050.0009.30	DIMART HOSPITAL EQUIPMENT LLC	\$3,327.00
P7725.99.000.0002.18	UNITED HEALTHCARE SVS INC	\$2,790.45
S1000.99.000.0000.L6	VW CREDIT INC	\$14,897.36
S2332.99.000.0010.02	0401 DISBURSEMENT	\$4,291.32
T2100.00.249.0006.00	RGV TIERRA PROPERTIES LLC	\$2,626.83
W7320.00.000.0006.00	LERETA LLC	\$3,498.30





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: 04/18/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 07/06/2023 *CM7131123*

[Signature] 8/1/2023

ARGOS FOODS LLC ✓
 111 W NOLANA AVE
 MCALLEN, TX 78504-2529

Account Number A2360-99-000-0001-00 ✓ HCAD No. 1241772 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT AT 608 N SHARY RD STE 4 & 5 / NEW ACCT 2020 608 N SHARY RD STE 4 & 5 78572 OWNER: EXTREME PIZZA ✓

2022 OVERAGE AMOUNT: \$3,450.10 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>Guillermo A Romero</i>	Relationship to Property Owner <i>owner</i>
	Mailing Address <i>4572 Westway Ave McAllen TX 78501</i>	Daytime Telephone Number <i>956 350 0088</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2022</u> and am the party entitled to the refund.	
	Email Address: <i>aleck.romero@gmail.com</i>	
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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>3450.10</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i> ✓	Date of application <u>5-31-23</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: Approved Denied By: *Ronda Jorg* Date: 08/02/2023

TAX OFFICE USE ONLY: Approved Denied By: *Paul Villarreal* Date: 6/27/23

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: 03/07/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez
 DATE: 07/05/2023 7/14/23

8/1/2023

TEXAS ENTITIES MANAGEMENT LLC ✓
 6833 RANCH DR NE
 PIEDMONT, OK 73078

Account Number C7670-00-000-0011-00 ✓
HCAD No. 153343 ✓
Legal Description of the Property COLONIA SAN MIGUEL LOT 11
220 NACA HUTTA CIR
OWNER: SPACIOUS SKIES LAND & INVESTMENTS LLC ✓

2022 OVERAGE AMOUNT ✓ \$2,572.83 ✓

1: HIDALGO COUNTY, 39: CITY OF SULLIVAN, 49: LA JOYA 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>MARC C. WOOD</u>	Relationship to Property Owner <u>MANAGER</u>
	Mailing Address <u>6833 RANCH DR NE</u>	Daytime Telephone Number <u>405-833-1625</u>
	City, State, Zip Code <u>PIEDMONT, OK 73078</u>	Email Address: <u>KFSUS@AOL.COM</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2022-23</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>\$3,423.25</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$2,572.83</u>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account 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>Marc C. Wood</u> ✓	Date of application <u>5/24/2023</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>Sandra Jorg</u> Date: <u>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/1/23</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/16/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 07/10/2023 08/01/23

8/1/2023 *CM*

YARDI SYSTEMS INC. MORTGAGE RELIEF FUND ✓
12301 RESEARCH BLVD, BLDG 4
SUTTE 100
AUSTIN, TX 78759

Account Number	F4610-00-000-0012-00 ✓
	HCAD No. 551902 ✓
Legal Description of the Property	FLORES DE SOL LOT 12
	3801 FLORES DEL SOL AVE
	OWNER: ROCHA JOSE ANGEL & JOSEFINA ✓

2022 OVERAGE AMOUNT ✓ **\$3,739.73** ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 6: EMS DIST #4, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input 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	Date of application
	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>Aronda Jorg</u> Date: <u>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/27/23</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/07/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez
 DATE: 07/05/2023 *CM 7/31/23*

[Signature] 8/1/2023

DOMAIN DEVELOPMENT CORP ✓
 100 E NOLANA AVE., STE 130
 MCALLEN, TX 78504

Account Number J3325-00-000-0081-00 ✓ HCAD No. 1306377 ✓
Legal Description of the Property JAMES COURT LOT 81 W CANTON AVE
OWNER: CANTON SUBDIVISION LLC ✓

2022 OVERAGE AMOUNT \$23,316.30 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST. #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number: <u>956-661-8888</u>
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>23,342.74</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>23,316.30</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 <i>[Signature]</i> ✓	Date of application <u>4/5/2023</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>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/18/23</u>

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



PABLO (PAUL) VILLARREAL JR., ECC

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: 06/15/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 07/06/2023 CM 7/28/23

8/1/2023

RYAN TAX COMPLIANCE SERVICES LLC
PAYING FOR DARDEN
16220 NORTH SCOTTSDALE OAD SUITE 450
SCOTTSDALE, AZ 85254

NOTE: Application and affidavit signature do not match as the application signature is electronic.

Account Number L1700-99-000-006B-22
HCAD No. 1185681
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 2200 S 10TH ST # S17/ NEW ACCT 2019
2200 S 10TH ST 78503
OWNER: YARD HOUSE #8382
2021 OVERAGE AMOUNT \$10,183.73

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
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.
Step 3: Mark the reason for the refund and provide a brief explanation
Step 4: Provide payment information
Step 5: How should the refund be processed?
Step 6: Sign the application form. Unsigned applications will not be processed.
AUDITORS USE ONLY: [X] Approved [] Denied By: Linda Jone Date: 08/02/2023
TAX OFFICE USE ONLY: [X] Approved [] Denied By: Paul Villarreal Date: 6/27/23

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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/27/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 07/05/2023 7/14/23

8/1/2023

DIMART HOSPITAL EQUIPMENT LLC ✓
 1101 ASH AVE
 MCALLEN, TX 78501

Account Number N5400-00-050-0009-30 ✓
HCAD No. 248128 ✓
Legal Description of the Property NORTH MCALLEN-2 TRS OF LAND N OF R/R R/O/W BETWEEN 12TH & 11TH STS & BETWEEN 10TH & 11TH STS S OF BLK 50
1101 ASH AVE
OWNER: DIMART INVESTMENTS ✓

2022 OVERAGE AMOUNT ✓ \$3,327.00 ✓

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>Jorge Martinez</u>	Relationship to Property Owner <u>SELF</u>
	Mailing Address <u>1101 Ash Avenue</u>	Daytime Telephone Number <u>956 9719720</u>
	City, State, Zip Code <u>McAllen, TX 78501</u>	Email Address: _____
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2022</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 Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>\$24,816.68</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 3,327.00</u>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year _____	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>[Signature]</u> ✓	Date of application <u>05/22/2023</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>Dinda Jorg</u> Date: <u>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/2/23</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 12/09/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 07/05/2023 *CM 7/28/23*

PO 8/1/2023
 UNITED HEALTHCARE SVS INC
 PO BOX 1459 MNO08-W235
 MINNEAPOLIS, MN 55440-1459

*HCTU
 2023
 Escrow*

Account Number P7725-99-000-0002-18 ✓
HCAD No. 1238127 ✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1701 S CAGE BLVD STE 116-121 / NEW ACCT 2020
1701 S CAGE BLVD STE 116-121 78577 <i>Pharr</i>
OWNER: WELLMED AT PHARR ✓
2022 OVERAGE AMOUNT ✓ \$2,790.45 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 43: PHARR.SAN JUAN,ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <i>952-936-1161</i>
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2022</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 <i>was charged a late fee, then this was reversed</i>	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer <i>30,694.90</i>	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed <i>2,790.45</i>	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account <i>1238127</i> For tax year <i>2023</i>	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i> ✓	Date of application <i>3/30/2023</i>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Donda Jorg</i> Date: <i>08/02/2023</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: <i>5/18/23</i>

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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/02/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 07/11/2023 *CM 7/28/23*

[Signature] 8/1/2023

VW CREDIT, INC.
 1401 FRANKLIN BOULEVARD
 LIBERTYVILLE, IL 60048

Account Number S1000-99-000-0000-L6 ✓ HCAD No. 1019021 ✓
Legal Description of the Property LEASED VEHICLES AT AUDI SAN JUAN / NEW ACCT 2015 1001 E INTERSTATE HWY 2 78589 OWNER: VW CREDIT LEASING LTD ✓

2022-OVERAGE AMOUNT: \$14,897.36 ✓

1: HIDALGO COUNTY, 2: DRAINAGE-DIST #1, 37: CITY OF SAN JUAN, 43: PHARR, SAN JUAN, ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 248-754-9805
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Jarael Cosmano</i> ✓	Date of application 5-1-23
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 08/02/2023
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 5/26/23

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: 03/27/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 07/06/2023 7/31/23

8/1/2023

0401 DISBURSEMENT ✓
 PO BOX 809074
 DALLAS, TX 75380-907

Account Number S2332-99-000-0010-02 ✓ HCAD No. 1309770 ✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 675 E INTERSTATE HWY 2/NEW ACCT 2021 675 E INTERSTATE HWY 2 78599 OWNER: VALLEY BAPTIST PHYSICIAN NETWORK ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
 2022 OVERAGE AMOUNT ✓ \$4,291.32 ✓
 Loan #: _____

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Step 1: Identify the Payer requesting the refund if different than shown above	Name Doug Geer ✓	Relationship to Property Owner Authorized Agent
	Mailing Address 14201 Dalls Parkway, Attn: Martin Guenther City, State, Zip Code Dallas, TX 75254	Daytime Telephone Number 913-239-1096 Email Address: dgeer@propertyvaluationservices.net
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2022</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	\$8,804.33
	Total tax, penalty, and interest amount owed for the year	\$4,513.01
	Amount of refund claimed	\$4,291.32
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account 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>Doug Geer</u> ✓ #11855	Date of application 6/1/2023
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Donda Jorg</u> Date: <u>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/22/23</u>

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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: 11/28/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez 8/1/2023
 DATE: 07/03/2023 CM 7/24/23

RGV TIERRA PROPERTIES, LLC ✓
 1420 ERIE AVENUE
 MCALLEN, TX 78501

Account Number T2100-00-249-0006-00 ✓ HCAD No. 296044 ✓
Legal Description of the Property TEX-MEX SURVEY S660' LOT 6 SEC 249 20 AC GR 18.81 AC NET E JAGUAR DR
OWNER: RGV TIERRA PROPERTIES LLC ✓

2022 OVERAGE AMOUNT \$2,626.83 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 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 311.11c 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>RGV Tierra Properties LLC</u>	Relationship to Property Owner
	Mailing Address <u>1420 Erie ave</u>	Daytime Telephone Number <u>956-687-6263</u>
	City, State, Zip Code <u>McAllen, TX 78501</u>	Email Address: <u>Rjaquez@ahsti.org</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>2022</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 <u>AP Overpaid taxes</u>	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>\$9,336.48</u>
	Total tax, penalty, and interest amount owed for the year	<u>0</u>
	Amount of refund claimed	<u>\$2,626.83</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>[Signature]</u> ✓	Date of application <u>4/5/2023</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>Jonda Jorg</u> Date: <u>08/02/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>5/18/23</u>

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

16614

Village Capital. 97214831



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: 12/15/2022

LERETA, LLC ✓
901 CORPORATE CENTER DR
POMONA, CA 91768
800-537-3821

Lereta LLC
Attn: Refunds Dept
PO Box 35605
Dallas, TX 75235

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 07/06/2023 *7/28/23 CM*

[Signature] 8/1/2023

Account Number W7320-00-000-0006-00 ✓
HCAD No. 649879 ✓
Legal Description of the Property WOODCREST ESTATES LOT 6 2705 NICOLE AVE
OWNER: PENA JERARDO ROEL ✓

2022 OVERAGE AMOUNT ✓ \$3,498.30 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 97214831

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 <i>Village Capital c/o</i>	Relationship to Property Owner <i>Mortgage Company</i>
	Mailing Address LERETA, LLC 901 CORPORATE CENTER DR City, State, Zip Code POMONA, CA 91768	Daytime Telephone Number Email Address: DL-RefundApplication@lereta.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$ 3,498.30
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Sherry James</i> ✓	Date of application 4/6/2023
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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 08/02/2023
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 6/15/23

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