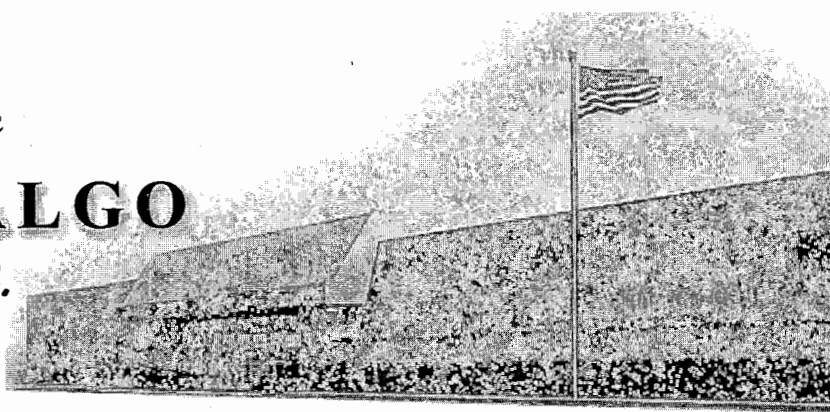


Office of Tax Assessor-Collector

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

November 8, 2023

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

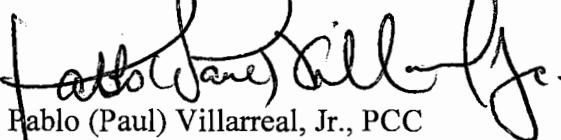
Re: See attached list

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.

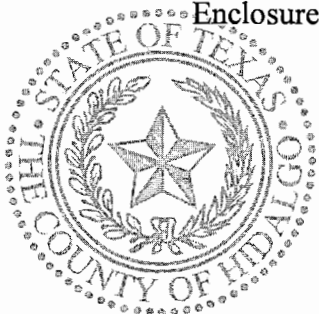
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

JT

Enclosure

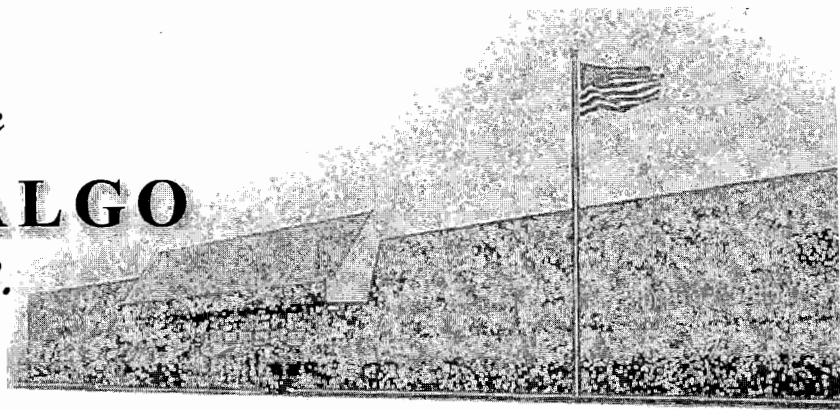


2804 S. Bus. Hwy 281 • Edinburg, TX 78539

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ACCOUNT NUMBER	PAYER	AMOUNT
E5670.00.000.0015.00	COVIUS TITLE AGENCY LLC	\$10,735.42
L0200.00.000.0004.15	LINEBARGER GOGGAN BLAIR & SAMPSON LLP	\$2,808.45
P4401.01.000.0091.00	IGNACIO IBARRA	\$2,500.00
R3800.00.026.0019.00	OVATION SERVICES	\$5,481.12



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

APPROVED BY: Alejandro Torres

DATE: 10/16/2023 *CM* 10/31/2023



PABLO (PAUL) VILLARREAL JR., PCC
 Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

[Signature] 11/4/2023

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

Print Date: 05/04/2021

FINAL NOTICE SECOND NOTICE

8-9-23

SEP 23 2021

COVIUS TITLE AGENCY LLC ✓
 ESCROW ACCOUNT
 2150 SOUTH CENTRAL EXPRESSWAY SUITE 200
 MCKINNEY, TX 75070

Account Number E5670-00-000-0015-00 ✓ HCAD No. 561402 ✓
Legal Description of the Property ENCANTO RIDGE LOT 15 704 INSPIRATION DR ✓
OWNER: UNITED STATES OF AMERICA ✓

2020 OVERAGE AMOUNT \$10,735.42 ✓

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 #: 520-455526
 File

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>Covius Title Agency</u> ✓	Relationship to Property Owner <u>Escrow officer</u>
	Mailing Address <u>2150 S. Central Exp. #200</u>	Daytime Telephone Number <u>969-240-5874</u>
	City, State, Zip Code <u>McKinney, TX 75070</u>	Email Address: <u>Trans.vitash@covius.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2021</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>421,503.90</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>10,735.42</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>9-18-2023</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>11/06/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>10/02/23</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: 07/25/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Francisco Saenz

DATE: 10/16/2023 CM
11/02/2023

[Signature] 11/4/2023

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
 P.O. BOX 17428
 AUSTIN, TX 78760

ACT 0

Account Number L0200-00-000-0004-15 ϕ HCAD No. 1067175 ϕ
Legal Description of the Property L.R. BELL DEVELOPMENT 'E' W377.28'-E869.78'-S180' LOT 4 1.56 AC GR 1.30 AC NET
OWNER: BENITEZ JUAN EDUARDO ϕ

2022 OVERAGE AMOUNT $\sqrt{\$2,808.45\phi}$

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 <u>(956) 383-4500</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 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 checked="" type="checkbox"/> Transfer this amount to account <u>(# 205147)</u> <u>L 0200-00-000-0004-15</u> For tax year <u>2019</u>	
	<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> <u>Audit Dept Manager</u>	Date of application <u>08/29/2023</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>Gunda Jorg</u> Date: <u>11/06/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>9/5/23</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 08/09/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 10/16/2023 *CM 11/01/2023*

[Signature] 11/4/2023

IGNACIO IBARRA
 4110 SAN DANIEL
 MISSION, TX 78572

ACTO - 2023 escrow

Account Number P4404-01-000-0091-00 ✓
HCAD No. 639635 ✓
Legal Description of the Property SHARYLAND PLANTATION VILLAGE PASEO LINDO PH I LOT 91
4110 SAN DANIEL
OWNER: IBARRA IGNACIO ✓

2022 OVERAGE AMOUNT ✓ \$2,500.00 ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>956-598-8796</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 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 <u>2023</u> ✓
	<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>8/28/23</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:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>11/06/2023</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>9/5/23</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: 01/18/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*
 DATE: 10/16/2023 CM 11/01/2023

[Signature] 11/4/2023

SECOND NOTICE

SEP 19 2023

OVATION SERVICES ✓
 12000 NETWORK BLVD
 BLDG B
 SUITE 210
 SAN ANTONIO, TX 78249

Account Number R3800-00-026-0019-00 ✓ HCAD No. 271977 ✓
Legal Description of the Property ROLLO LOT 19 & 20 BLK 26 (AKA MONTE ALTO OT) 8244 JESUS BAZAN ST OWNER: PEREZ GWENN ✓

2022 OVERAGE AMOUNT ✓ \$5,481.12 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 45: MONTE ALTO 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>Ovation Services</i>	Relationship to Property Owner
	Mailing Address <i>12000 Network Blvd Bldg B Suite 210</i>	Daytime Telephone Number <i>210-798-8771</i>
	City, State, Zip Code <i>San Antonio, TX 78249</i>	Email Address: <i>luis@ovation servicing.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <i>2017 - 2020</i> 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	<i>6,359.50</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>5,481.12</i>
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 <i>9.25.23</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: 11/06/2023
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> ✓ Date: <i>10/23/23</i>

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