

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.
Hidalgo County Tax Assessor-Collector

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

MARCH 21, 2024

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

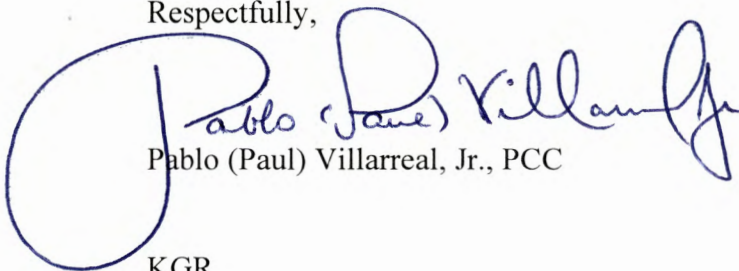
Re: See attached list

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.

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ACCOUNT NUMBER	PAYER	AMOUNT
C1915.00.000.0017.00	TIME PROPERTIES LP	\$2,838.86
C9831.00.000.0002.00	VANTAGE BANK TEXAS	\$3,282.26
J7200.00.002.0001.00	NOBORU GROUP INVESTMENTS LP	\$3,192.36
K2400.00.000.0154.01	TOP TEXAS TITLE LLC	\$3,157.67
M2450.99.003.0102.13	COCA-COLA SOUTHWEST BEV	\$37,221.08
P7170.09.016.0019.00	NOBORU GROUP INVESTMENTS LP	\$3,322.19





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: 12/18/2023

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 3/15/24 LV

DATE: CM 3/18/2024

[Signature] 3/20/2024

TIME PROPERTIES LP ✓
ESCROW ACCOUNT
P O BOX 727
MISSION, TX 78573

Account Number C1915-00-000-0017-00 ✓ HCAD No. 1372633 ✓
Legal Description of the Property CARRIZALES LOT 17 7816 NAVEL LN OWNER: GALLEGOS LIDIA ✓
2023 OVERAGE AMOUNT ✓ <u>\$2,838.86</u> ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6094: EIGHT FEE CARRIZALES SUBDIVISION

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>Time Properties</u>	Relationship to Property Owner
	Mailing Address <u>P.O. Box 726</u>	Daytime Telephone Number <u>956-605-1065</u>
	City, State, Zip Code <u>MISSION, TX 78573</u>	Email Address: <u>909000denn@yaho.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>2023</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>6042.36</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>3203.50</u> ✓
	Amount of refund claimed	<u>2838.86</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	
	Transfer this amount to account For tax year	
	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>1/17/24</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>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>1/25/24</u>

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



PABLO (PAUL) VILLARREAL JR., PCC
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 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: 12/12/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alexandro Torres *[Signature]* 3/20/2024

DATE: 3/12/2024 *CM* 3/18/2024

~~VANTAGE BANK TEXAS~~
 PO BOX 1700
 MCALLEN, TX 78505-1700

Account Number ✓ C9831-00-000-0002-00 HCAD No. 901785 ✓
Legal Description of the Property CVS-DONNA LOT 2 W 400 BLK ✓
OWNER: TREVIKA LLC ✓

2023 OVERAGE AMOUNT \$3,282.26

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

Loan #: 83876

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>Vantage Bank Texas</u>	Relationship to Property Owner
	Mailing Address <u>P.O. Box 1720</u>	Daytime Telephone Number <u>(956) 664-8489</u>
	City, State, Zip Code <u>MCALLEN, TX 78505</u>	Email Address: <u>Claudia.Playle@Vantage.Bank</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>2023</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>\$13,745.14</u>
	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 <u>Claudia Playle</u> ✓	Date of Application <u>11/31/24</u>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>3/18/24</u>

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



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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 01/03/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres *[Signature]* 3/20/2024
 DATE: 3/12/2024 CM 3/18/2024

NOBORU GROUP INVESTMENTS, LP
 221 N. 10TH STREET
 MCALLEN, TX 78501

Account Number J7200-00-002-0001-00 HCAD No. 200823	✓
Legal Description of the Property JONES LOT 1 BLK 2 210 N 10TH ST	✓
OWNER: NOBORU GROUP INVESTMENTS LP	✓
2023 OVERAGE AMOUNT \$3,192.36	

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	Relationship to Property Owner <u>Owner</u>
	Mailing Address	Daytime Telephone Number <u>(956) 624-1212</u>
	City, State, Zip Code	Email Address: <u>eloy@eloyelizondo.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>2023</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment ✓	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$ <u>3,192.36</u>
	Total tax, penalty, and interest amount owed for the year	-
	Amount of refund claimed	\$ <u>3,192.36</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>Ely Elizondo</u> ✓	Date of application <u>1/22/2024</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>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>2/8/24</u>

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 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 01/11/2024

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: Alexandro Torres
 DATE: 3/12/2024 CM 3/18/2024

[Signature] 3/20/2024

TOP TEXAS TITLE LLC
 2000 S. MCCOLL ROAD, SUITE A-2
 MCALLEN, TX 78503

Account Number ✓ K2400-00-000-0154-01
HCAD No. 202594 ✓
Legal Description of the Property KELLY PHARR TRACT W330'-E660'-S1100' LOT 154 8.33AC GR 8.10AC NET ✓
1600 N HIBISCUS ST
OWNER: EXCLUSIVE COVERING INC ✓
2023 OVERAGE AMOUNT ✓ \$3,157.67

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 <u>Mary Mata - Top Texas Title</u>	Relationship to Property Owner <u>Title company</u>
	Mailing Address <u>2000 S. McColl Rd. Ste A-2</u>	Daytime Telephone Number <u>956-253-3040</u>
	City, State, Zip Code <u>McAllen, TX 78503</u>	Email Address: <u>mary@toptexasllc.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>2023</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	
	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 <u>[Signature]</u> ✓	Date of application <u>2/2/24</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>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>2/8/24</u>

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Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 02/21/2023

SECOND NOTICE

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 3/15/24 LV

DATE: CM 3/18/2024

3/20/2024

SEP 14 2023

COCA-COLA SOUTHWEST BEV ✓
14185 DALLAS PKWY
DALLAS, TX 75254-131

Account Number M2450-99-003-0102-13 ✓ HCAD No. 1177929 ✓
Legal Description of the Property INVENTORY SUPPLIES MACHINERY FURNITURE FIXTURES & EQUIPMENT AT 2400 W INTERSTATE HWY 2 / NEW ACCT 2013 2400 W INTERSTATE HWY 2 78301 OWNER: COCA-COLA SOUTHWEST BEVERAGE LLC

2022 OVERAGE AMOUNT 37,221.08 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

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Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 813-569-2713
	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	
	<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	\$409,432.00 ✓
	Total tax, penalty, and interest amount owed for the year	\$372,210.92 ✓
	Amount of refund claimed	\$37,221.08 ✓
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>01/16/2024</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>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>1/25/2024</u>

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/03/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres *[Signature]* 3/20/2024

DATE: 3/12/2024 *CM* 3/18/2024

NOBORU GROUP INVESTMENTS, LP
 221 N. 10TH STREET
 MCALLEN, TX 78501

Account Number P7170-09-016-0019-00	✓
HCAD No. 261924	✓
Legal Description of the Property PLANTATION SOUTH UT NO. 9 LOT 19 BLK 16	✓
417 SAVANNAH DR	✓
OWNER: NOBORU GROUP INVESTMENTS LP	✓
2023 OVERAGE AMOUNT \$3,322.19	

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

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Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner <i>Owner</i>
	Mailing Address	Daytime Telephone Number <i>(936) 624-1212</i>
	City, State, Zip Code	Email Address: <i>eloy@eloyelizondo.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 <u>2023</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	✓
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$ <u>3,322.19</u>
	Total tax, penalty, and interest amount owed for the year	<u>-</u>
	Amount of refund claimed	\$ <u>3,322.19</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>1/24/2024</u>
If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3/20/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>2/8/24</u>

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