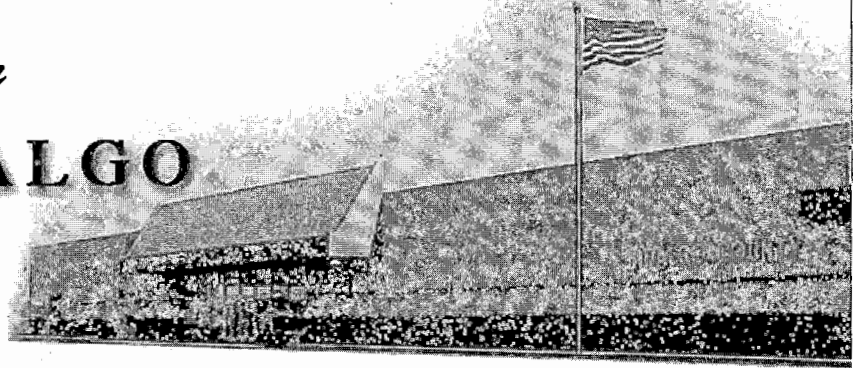


Office of Tax Assessor-Collector

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](http://www.hidalgocountytax.org)

July 1, 2024

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

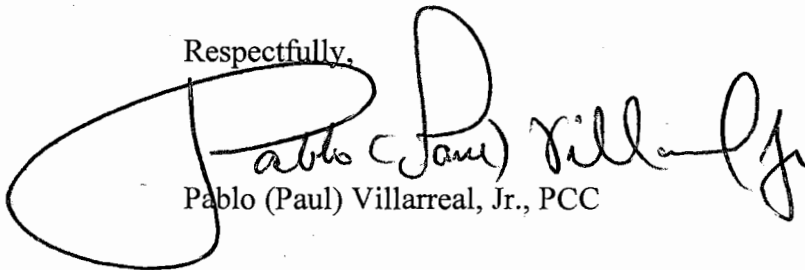
Re: See attached list

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.

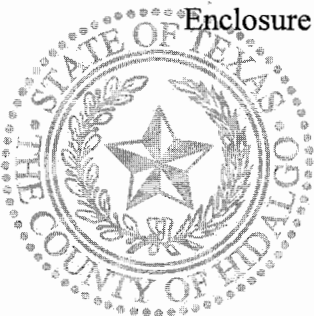
Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

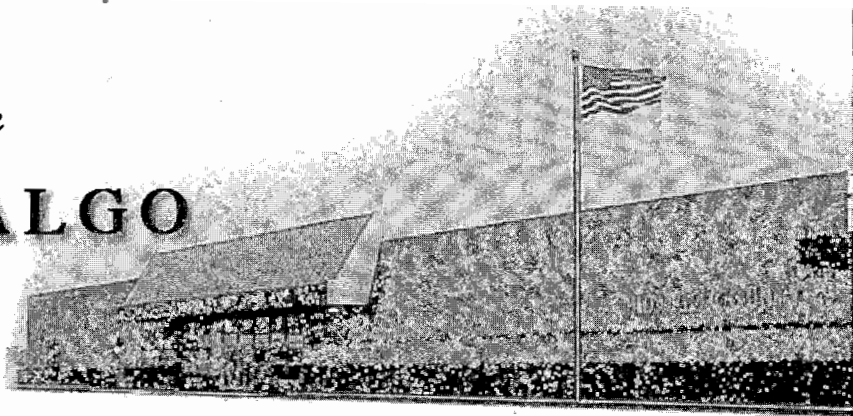
JV

Enclosure



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](http://www.hidalgocountytax.org)

ACCOUNT NUMBER	PAYER	AMOUNT
L3375.00.000.0001.00	ROERIG, OLIVEIRA & FISHER, L.L.P.	\$8,384.90
M2470.99.000.0001.03	RYAN LLC PAYING FOR 7-11	\$3,936.13
M4011.99.000.000B.00	DISH NETWORK SERVICE LLC	\$3,195.85
M5000.99.003.0011.22	RYAN LLC PAYING FOR 7-11	\$6,196.78
M7440.81.256.0500.00	FAULCONER ENERGY LLC	\$58,642.83
O6630.00.000.0008.00	DEUTSCH ALADAR	\$6,966.89
P6321.02.000.010A.00	CANES CHICKEN FINGERS	\$23,869.26
P9277.01.000.0001.00	LAW OFFICE OF PATRICK MOORE PLLC	\$3,063.29
S0669.10.001.0012.00	CORELOGIC	\$3,407.83
T2100.00.233.0015.07	LUNA BROTHERS PARTNERSHIP	\$4,663.30
T5453.00.000.0030.01	CORELOGIC	\$3,001.30
T8260.02.000.0090.00	CORELOGIC	\$4,680.45
V0535.00.000.001A.00	CANES CHICKEN FINGERS	\$10,649.01
W0100.99.048.0006.02	RYAN LLC PAYING FOR 7-11	\$2,671.81
W3630.00.002.0003.00	DALLAS BALDRIDGE HACHUEL	\$4,509.54





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

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

Print Date: 02/16/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*

DATE: 6/3/2024 *KR* 06/04/24 *6/20/24*

**SUBMIT**

*JE 5-9-24*

**ROERIG, OLIVEIRA & FISHER, L.L.P. ✕**  
 ATTORNEYS AT LAW  
 855 WEST PRICE ROAD, SUITE 9 ✕  
 BROWNSVILLE, TX 78520

Account Number L3375-00-000-0001-00 ✕ HCAD No. 661931 ✕ ✓
Legal Description of the Property LAS TORRES LOT 1  10225 N 10TH ST
OWNER: YALE TEN PROPERTIES PARTNERSHIP ✕ ✓

2023 OVERAGE AMOUNT ~~\$8,384.40~~

*\$8,384.90 ✕ ✓*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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
	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>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>\$10588.85</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed.	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Elin P. Leal ✕ ✓</i>	Date of application <u>4-25-24</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>6/27/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>5/2/24</u>

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



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

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Print Date: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*  
 DATE: 6/17/2024 *KE* 06/18/24 6/26/24

**RECEIVED**

APR 01 2024

Ryan LLC  
 PTS-Scottsdale

**RYAN LLC PAYING FOR 7-11**  
**AFFIRM BILL PAY**  
 PO BOX 4900  
 SCOTTSDALE, AZ 85261

Account Number ✓ M2470-99-000-0001-03 HCAD No. 1234916 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 911 WEST FM 495 / NEW ACCT 2019 911. W FM 495 78589 OWNER: STRIPES STORE ✓
2023 OVERAGE AMOUNT <b>\$3,936.13</b> ✓

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	Ryan LLC paying for 7-11	Relationship to Property Owner	Authorized Agent
	Mailing Address	PO Box 4900	Daytime Telephone Number	002-955-1792
	City, State, Zip Code	Scottsdale AZ 85254	Email Address:	pts Televen@ryan.com
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	\$6,487.80		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$3,936.13		
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			
	<b>SIGN HERE</b> <i>Jordan Pro</i> ✓	Date of application		<i>4/10/2024</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>[Signature]</i>	Date: 6/27/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 5/19/24

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: 02/02/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*  
 DATE: 5/29/2024 KR 06/04/24 6/20/24

**DISH Network Service LLC**  
 PO BOX 6622  
 ENGLEWOOD, CO 80155

<b>Account Number</b> M4011-99-000-000B-004 HCAD No. 204050294 ✓ ✓
<b>Legal Description of the Property</b> INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1910 JOE STEPHENS / NEW ACCT 2010  1910 JOE STEPHENS 78599  OWNER: DISH NETWORK SERVICE LLC ✓ ✓

**2023 OVERAGE AMOUNT \$3,195.85 ✓ ✓**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO 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

<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name <b>DISH NETWORK SERVICE LLC</b>	Relationship to Property Owner
	Mailing Address <b>PO Box 6623 Englewood, CO 80155</b>	Daytime Telephone Number
	City, State, Zip Code	Email Address:
I, <b>Use Corrected Address</b> , am the party entitled to the refund for the year <b>2023</b> .		
	Payer	<b>\$9,080.69</b>
	Amount owed for the year	<b>\$3,195.85</b>
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	<b>4/25/2024</b>
	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: <b>6/27/2024</b>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <b>5/12/24</b>

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



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

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

Print Date: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*

DATE: 4/17/2024 KR 06/18/24 6/26/24

**RYAN LLC PAYING FOR 7-11**  
**ATTN: BILLO PAYS**  
 PO BOX 4900  
 SCOTTSDALE, AZ 85261

**RECEIVED**

APR 01 2024

Ryan LLC  
 PTS-Scottsdale

Account Number ✓ M5000-99-003-0011-22 HCAD No. 1217799 ✓✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 806 EAST PALM VISTA DRIVE / NEW ACCT 2019 806 E PALMA VISTA DR (N SIDE) 78574 OWNER: STRIPES STORE ✓✓

2023 OVERAGE AMOUNT \$6,196.78 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 27: CITY OF PALMVIEW, 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	Ryan LLC paying for 7-11	Relationship to Property Owner	Authorized Agent
	Mailing Address	PO Box 4900	Daytime Telephone Number	602-955-1792
	City, State, Zip Code	Scottsdale, AZ 85254	Email Address:	pts7eleven@ryan.com
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	\$10,608.61		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$6,196.78		
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			
	<b>SIGN HERE</b> <i>Jordan Pro</i> ✓	Date of application <u>4/10/2024</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: 6/27/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 5/14/24

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



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

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

Print Date: 02/21/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alexandro Torres*  
 DATE: 6/5/2024 *KE* 06/06/24 6/22/24

**FAULCONER ENERGY LLC**  
 1001 EAST SOUTHEAST LOOP 323  
 SUITE 160  
 TYLER, TX 75701

Account Number ✓ M7440-81-256-0500-00 HCAD No. 20402991 ✓ ✓
Legal Description of the Property M7440,JOHNSTON ET AL UNIT 20,FAULCONER ENERGY, LLC,RI,031250
OWNER: FAULCONER VERNON E INC ✓

2023 OVERAGE AMOUNT \$58,642.83 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 46: MERCEDDES 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	Faulconer Energy, LLC	Relationship to Property Owner
	Mailing Address	PO Box 7335	Daytime Telephone Number 903-746-8488
	City, State, Zip Code	Tyler TX 75711-7335	Email Address: lisa@cresttaxpartners.com
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	Check was written for incorrect amount	
	<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	\$101,829.89	
	Total tax, penalty, and interest amount owed for the year	\$43,187.06	
	Amount of refund claimed	\$58,642.83	
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>Paul Villarreal</i>	Date of application 2-21-2024 ✓
	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: 6/27/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> Date: 6/25/24

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



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

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

Print Date: 02/06/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres *yt*  
 DATE: 6/13/2024 KR 06/18/24 <sup>6/26/24</sup>

✓  
**DEUTSCH ALADAR**  
**3924 SUNDOWN DR**  
**MCALLEN, TX 78503-1367**

Account Number ✓ O6630-00-000-0008-00 HCAD No. 252390 ✓
Legal Description of the Property ORANGEWOOD SOUTH LOT 8 3924 SUNDOWN DR ✓
OWNER: DEUTSCH ALADAR ✓

2023 OVERAGE AMOUNT \$6,966.89 ✓

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>ALADAR Deutsch</u>	Relationship to Property Owner <u>The Owner</u>
	Mailing Address <u>3924 Sundown Dr,</u>	Daytime Telephone Number <u>956-237-6000</u>
	City, State, Zip Code <u>McAllen, TX 78503</u>	Email Address: <u>ALADAR10@HOTMAIL.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 <u>I NEVER SAW THAT THE PAYMENT CLEARED</u>	
	<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>6,966.89</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>6,966.89</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner <u>Aladar Deutsch</u>	
	<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>4-29-24</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>6/27/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/14/24</u>

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



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

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*  
 DATE: 6/17/2024 *KR* 06/18/24 6/26/24

**CANES CHICKEN FINGERS**  
 6800 BISHOP ROAD  
 PLANO, TX 75024

Account Number ✓ P6321-02-000-010A-00 HCAD No. 1013311 ✓✓
Legal Description of the Property PHARR COMMERCIAL PARK PH 2 LOT 10A  2043 INTERSTATE 2 W
OWNER: SABINE 2014-2 LLC ✓
2023 OVERAGE AMOUNT: <del>\$23,869.26</del> ✓

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 <i>Raising Cane's Restaurants</i>	Relationship to Property Owner ✓
	Mailing Address <i>6800 Bishop Rd.</i>	Daytime Telephone Number <i>214-801-0865</i>
	City, State, Zip Code <i>Plano, TX 75024</i>	Email Address: <i>tax@raisingcans.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 checked="" type="checkbox"/> Overpaid the account <i>Paid from original statement before finalized</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>\$62,364</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$23,869.26</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	
	<b>SIGN HERE</b> <i>Cystal Clark</i> ✓	Date of application <i>4/15/2024</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>[Signature]</i> Date: <i>6/27/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/14/24</i>

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

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b> ✓	Phone (area code and number) <b>(956) 318-2157</b>

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

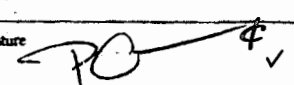
<b>Step 1:</b> Owner's name and address	Owner's name <b>COCHUNA INVESTMENTS LP (PD BY: LAW OFFICE OF PATRICK MOORE, PLLC) ✓</b>
	Present mailing address (number and street) <b>1611 MERLIN DR</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78572-3159</b>
	Phone (area code and number)

<b>Step 2:</b> Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>PUEBLO DE PALMAS PH 1 LOT 1</b>
	Address or location of property: <b>38719 7 MILE LINE</b>
	<b>623231 ✓</b>
	Account number of property: <b>P9277.01.000.0001.00 ✓</b> OR Tax receipt number: <b>56757284</b>



<b>Step 3:</b> 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	2023 ✓	03/19	/ 2024	\$ 3063.29 ✓
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3063.29 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON INCORRECT ACCT. REQUESTING FUNDS APPLIED TO 2022 TAXES OF ACCT. #P9276.01.000.0001.00 ✓ INSTEAD. 20828640 ✓**

**JG**

<b>Step 4:</b> 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 <b>5/9/2024</b>

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.

<b>Step 5:</b> Tax refund Determination	HIDALGO COUNTY AUDITOR'S OFFICE	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	APPROVED BY: <i>Francisco Saenz</i>  DATE: <b>6/3/2024 KR 06/04/24</b> <sup>6/22/24</sup>	
sign here	Authorized officer 	Date <b>6/27/2024</b>
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>Paul Silvestri</i> ✓	Date <b>5/16/24</b>



**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: 01/18/2024

334

FEB 08 2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

DATE: 6/18/2024 KR 06/18/24 <sup>6/26/24</sup>

**CORELOGIC**  
 3001 HACKBERRY RD  
 WESTERN REGION SERVICE CENTER - DFW 4-5  
 IRVING, TX 75063-015

Account Number S0669-10-001-0012-00 ✓ HCAD No. 1377855 ✓ ✓
Legal Description of the Property SAN JACINTO ESTATES NO. 10 PH 1 LOT 12 1508 EMMA ELIZABETH ST ✓
OWNER: LOPEZ EDILBERTO JR & ITZEL A. ✓ 2023 OVERAGE AMOUNT \$3,407.83 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6117: LIGHT FEE SAN JACINTO NO 10 PH 1

Loan #: 6050050135365

**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	CORELOGIC TAX SERVICES LLC	Relationship to Property Owner	
	Mailing Address	PO BOX 9202	Daytime Telephone Number	817-699-2106
	City, State, Zip Code	COPPELL TEXAS 75019	Email Address:	shenshwetha@corelogic.com
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 checked="" type="checkbox"/>	
	<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	<u>3407.83</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 checked="" type="checkbox"/>	
	<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	<u>Stanley Corelogic</u>	Date of application	<u>5-3-24</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>6/27/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>5/14/24</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: 01/30/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 6/4/2024 KE 06/05/24 6/22/24

~~LUNA BROTHERS PARTNERSHIP~~ ✕  
 5937 W SCHUNIOR  
 EDINBURG, TX 78541

<b>Account Number</b> T2100-00-233-0015-07 ✕ HCAD No. 527335 ✓ ✕ ✓
<b>Legal Description of the Property</b> TEX-MEX SURVEY-E208.71'-W660'-S208.71' LOT 15 SEC 233' 1.0AC GR 0.93AC NET  5663 W SCHUNIOR ST
OWNER: LUNA ROBERTO JR & IRIS L ✕ ✓

**2023 OVERAGE AMOUNT** \$4,663.30 ✕ ✓

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

<b>Step 1: Identify the Payer</b> requesting the refund if different than shown above	Name <u>Roberto Luna Jr.</u> ✕	Relationship to Property Owner <u>owner</u>
	Mailing Address <u>5663 W. Schunior</u>	Daytime Telephone Number <u>(956)</u>
	City, State, Zip Code <u>Edinburg, TX 78541</u>	Email Address:
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year <u>2022/2023</u> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> 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>4,663.30</u>
<b>Step 5: How should the refund be processed?</b>	<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	
<b>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</b>	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	
	<b>SIGN HERE</b> <u>Roberto Luna</u> ✕	Date of application: <u>6/2/24</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: _____ Date: <u>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✕ Date: <u>5/7/24</u>

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

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

Step 1: Owner's name and address	Owner's name <b>AGUILAR RAFAEL &amp; MARIA VIRGINIA (PD BY: CORELOGIC) ✓</b>	
	Present mailing address (number and street) <b>2015 TIFFANY ST</b>	
	City, town or post office, state, ZIP code <b>MISSION, TX 78573-3982</b>	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>TIFFANY TERRACE LOT 30</b>	
	Address or location of property: <b>2015 TIFFANY ST</b>	
	<b>731373 ✓ ✓</b>	
	Account number of property: <b>T5453.00.000.0030.01 ✓</b>	Tax receipt number: <b>OR 55644791</b>

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	2023 ✓ ✓	01/10	/ 2023	\$ 3001.30 ✓
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ 3001.30	\$ 3001.30 ✓ ✓

Step 3: Give the tax payment information	Taxpayer's reason for refund (attach supporting documentation): <b>PAYER PAID ON INCORRECT PARCEL, CERTIFIED OWNER WILL MAKE PAYMENTS. ✓ ✓</b>
	<b>JG</b>

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: <b>Chuce Burns ✓</b>	Date of application for tax refund <b>5/19/2024</b>
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	HIDALGO COUNTY AUDITOR'S OFFICE	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	APPROVED BY: <b>Francisco Saenz</b> DATE: <b>6/3/2024 K.R. 06/04/24</b> 6/22/24	
sign here	Authorized officer <b>[Signature]</b>	Date <b>6/27/2024</b>
sign here	Collector(s) of taxing unit(s) for refund applications over \$1000 amount for which governing body approval is required under Section 31.11, tax code <b>[Signature]</b>	Date <b>5/16/24</b>

FEB 08 2024 755



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: 12/18/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

DATE: 6/18/2024 KR 06/18/24 6/26/24

**CORELOGIC**  
3001 HACKBERRY RD  
WESTERN REGION SERVICE CENTER - DFW 4-5  
IRVING, TX 75063-015

Account Number ✓ T8260-02-000-0090-00 HCAD No. 709644 ✓✓
Legal Description of the Property TUSCANY VILLAGE UT 2 LOT 90  ROOSEVELT AVE
OWNER: EUFRACIO PEDRO JOSUE & GENESIS A ✓
2023 OVERAGE AMOUNT \$4,680.45 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 21: CITY OF ALTON, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE  
Loan #: 6500082470686

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	CORELOGIC TAX SERVICES LLC	Relationship to Property Owner
	Mailing Address	PO BOX 9202	Daytime Telephone Number 817-699-2106
	City, State, Zip Code	COPPELL TEXAS 75019	Email Address: shenshwetha@corelogic.com
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		<u>4680.45</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 2023
	<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>Saulny / Corelogic</u>	Date of application <u>5-3-24</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>6/27/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/19/24</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: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*

DATE: 5/30/2024 *KR* 06/05/24 6/22/24

**CANES CHICKEN FINGERS**  
 6800 BISHOP ROAD  
 PLANO, TX 75024

Account Number V0535-00-000-001A-00
HCAD No. 1238093 ✓✓
Legal Description of the Property VALENCIA MARKETPLACE ALL LOT 1A  7417 N 10TH ST
OWNER: RAISING CANE'S RESTAURANTS LLC ✓✓
2023 OVERAGE AMOUNT \$10,649.01 ✓✓

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 <i>Raising Cane's Restaurants</i>	Relationship to Property Owner
	Mailing Address <i>6800 Bishop Rd</i>	Daytime Telephone Number <i>214-801-0865</i>
	City, State, Zip Code <i>Plano, TX 75024</i>	Email Address: <i>tax@raisingcane.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 checked="" type="checkbox"/> Overpaid the account <i>Pd from original statement before finalized</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>\$ 33,218.77</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$10,649.01 ✓</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	
	<b>SIGN HERE</b> <i>Captal Clark</i> ✓	Date of application: <i>4/5/24</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>[Signature]</i> Date: <i>6/27/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> ✓ Date: <i>5/14/24</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Print Date: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*

DATE: 5/30/2024 *KR* 06/05/24 *6/22/24*

**RECEIVED**

APR 01 2024

**RYAN LLC PAYING FOR 7-11**  
**ATTN: BILL PAV**  
 PO BOX 4900  
 SCOTTSDALE, AZ 85261

Ryan LLC  
 PTS-Scottsdale

Account Number W0100-99-048-0006-02
HCAD No. 1232745
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 10935 NORTH CONWAY SOUTH OF HIGHWAY 107 / NEW ACCT 2019
10935 N ALTON BLVD 78573
OWNER: STRIPES STORE

2023 OVERAGE AMOUNT *31678.81*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 48: MISSION 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 <i>Ryan LLC paying for 7-11</i>	Relationship to Property Owner <i>Authorized Agent</i>
	Mailing Address <i>PO Box 4900</i>	Daytime Telephone Number <i>602-955-1792</i>
	City, State, Zip Code <i>Scottsdale, AZ 85254</i>	Email Address <i>PTS Televen@ryan.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 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>\$5,997.01</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$2,671.81</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.	
	<b>SIGN HERE</b> <i>Jordan Pro</i>	Date of application <i>4/10/2024</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>[Signature]</i> Date: <i>6/27/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/14/24</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 04/10/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Francisco Saenz

DATE: 5/30/2024 KR 06/05/24

*[Signature]*  
6/22/24

Account Number W3630-00-002-0003-004 HCAD No. 6684664 ✓✓
Legal Description of the Property WEST MEADOWS LOT 3 BLK 2  708 PERSIMMON AVE  OWNER: BALDRIDGE KEVIN J ✓✓

~~DALLAS BALDRIDGE HACHUEL~~  
**KEVIN JOAQUIN BALDRIDGE**  
 708 PERSIMMON AVE  
 EDINBURG, TX 78539

2023 OVERAGE AMOUNT \$4,509.54 ✓✓

Loan #: \_\_\_\_\_

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

**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	KEVIN JOAQUIN BALDRIDGE	Relationship to Property Owner	I AM THE PROPERTY OWNER
	Mailing Address	708 PERSIMMON AVE	Daytime Telephone Number	956-624-8777
	City, State, Zip Code	EDINBURG, TX 78539	Email Address:	KJ.BALDRIDGE@GMAIL.COM
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 checked="" type="checkbox"/>	Paid in error (explain)	PAID \$4509.54 (TWICE)	
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	2023
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			
	<b>SIGN HERE</b>	<i>[Signature]</i>	Date of application	05-03-2024
	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:	Date: 6/27/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 5/14/24

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