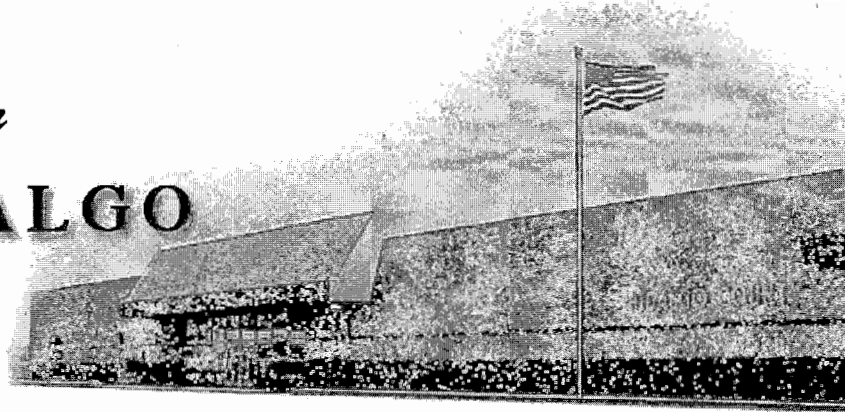


Office of Tax Assessor-Collector

# 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

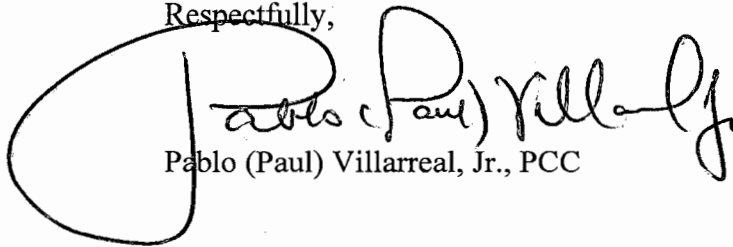
Re: See attached list

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.

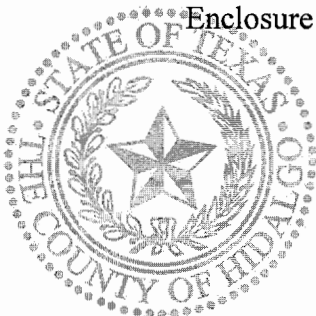
Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

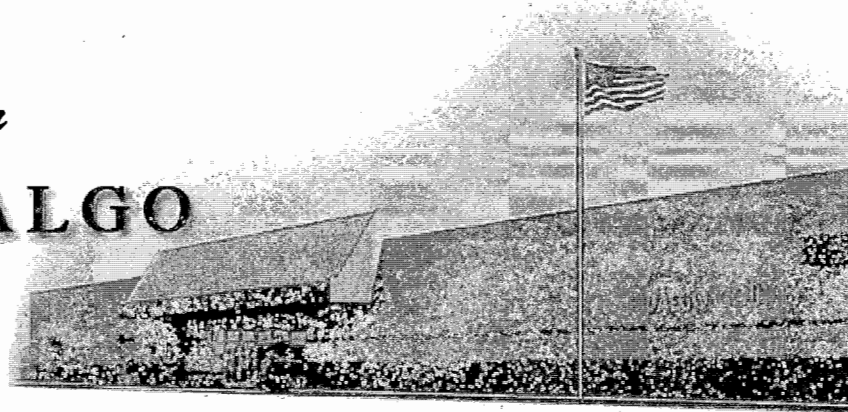
JV

Enclosure



Office of Tax Assessor-Collector

# COUNTY of HIDALGO



*Pablo "Paul" Villarreal, Jr. PCC.*

Hidalgo County Tax Assessor-Collector

P.O. Box 178  
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ACCOUNT NUMBER	PAYER	AMOUNT
01338.90.420.0005.48	AT&T	\$2,724.56
10076.00.000.0002.10	MERIT ENERGY COMPANY	\$5,487.28
A1800.00.044.0008.13	YARDI SYSTEMS INC	\$4,552.57
A1800.00.044.0008.13	YARDI SYSTEMS INC	\$5,150.23
B0310.02.000.0019.00	ROBERTO DIAZ	\$2,942.65
D0697.00.000.0078.00	CORELOGIC	\$2,822.22
F9000.82.000.2502.00	MERIT ENERGY COMPANY	\$75,454.78
K2400.00.000.0140.05	S&S PP LLC	\$21,002.22
L0250.93.043.0005.01	RON HOOVER COMPANIES OF DONNA, INC	\$3,519.78
L0450.00.188.0000.10	SIERRA TITLE OF HIDALGO COUNTY INC	\$7,175.79
L1060.00.000.0024.00	JOSE R GONZALEZ	\$12,496.43





**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: E.L.  
 DATE: 6/4/2024 KE 06/05/24 6/22/24

**AT&T**  
 1010 PINE STREET  
 ST. LOUIS, MO 63101

Account Number 01338-90-420-0005-48
HCAD No. 1490407
Legal Description of the Property N23-ZX6XLE
OWNER: AT&T MOBILITY LLC
2023 OVERAGE AMOUNT \$2,724.56

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 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 <u>AT&amp;T</u>	Relationship to Property Owner
	Mailing Address <u>1010 Pine St #9E-L01</u>	Daytime Telephone Number <u>314-896-3253</u>
	City, State, Zip Code <u>Saint Louis, MO 63101</u>	Email Address: <u>SJ822C@att.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>\$154,782.57</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$2,724.56</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	
	<b>SIGN HERE</b> <u>Brian King</u>	Date of application <u>4/17/2024</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>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/2/24</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: E.L.

DATE: 6/4/2024 KR 06/05/24 <sup>6/22/24</sup>

HCTO

**MERIT ENERGY COMPANY** ✓  
 13727 NOEL ROAD STE 1200  
 DALLAS, TX 75240

<b>Account Number</b> 10076-00-000-0002-10 ✗ HCAD No. 896647 ✓ ✗ ✓
<b>Legal Description of the Property</b> PORCION 76 S539.69'-N2383.46'- E530'- W739.22' 6.57 AC NET  TOM GILL & MILE 14
OWNER: SEKULA JOSEPH L ET AL ✓ ✗

2023 OVERAGE AMOUNT \$5,487.28 ✓ ✗

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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

<b>Step 1: Identify the Payer</b> requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
<b>Step 2: Refunds are only issued</b> 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.	
<b>Step 3: Mark the reason for the</b> refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment</b> 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	
<b>Step 5: How should the refund</b> be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	896647 ✓
	<input checked="" type="checkbox"/> Transfer this amount to account	10076-00-000-0002-10 For tax year 2014-2022 ✓
	<input type="checkbox"/> Escrow for next year's taxes	
<b>Step 6: Sign the application</b> 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> <u>Jegan Clark</u> ✓ ✗	Date of application: <u>4-11-24</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	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied    By: _____    Date: <u>6/26/2024</u>	
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied    By: _____    Date: <u>5/2/24</u>	

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

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/5/24 LV *lv*

DATE: *KR* 06/07/24 <sup>6/24/24</sup>

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: **CAZARES HECTOR & SYLVIA (PD BY: YARDI SYSTEMS, INC.)** ✓

Present mailing address (number and street): **1428 N CESAR CHAVEZ RD**

City, town or post office, state, ZIP code: **ALAMO, TX 78516-6830**

Phone (area code and number):

Legal description (or attach copy of the tax bill or tax receipt): **ALAMO LAND & SUGAR CO S165'-N660' LOT 8 BLK 44 EXC 0.59AC & 0.50AC- SW COR FOR COMM BLDGS 3.91AC GR 3.83AC NET**

**Step 2:**

**Describe the property**

Address or location of property: **N CESAR CHAVEZ RD**

**341695** ✓

Account number of property: **A 1800.00.044.0008.13** ✓

Tax receipt number: **OR 50601773**

**Step 3:**

**Give the tax payment information**

Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1. ALL ENTITIES	2021 ✓	05/12 / 2022	\$ 4,552.57	\$ 4,552.57 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 4,552.57 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON COMMERCIAL ACCT. INSTEAD OF PERSONAL PROPERTY. REQUESTING FUNDS BACK.** ✓✓

**JG**

**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: *M. Mandy Nicole Berandesa* Signature

Date of application for tax refund: **4/25/24**

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

**Step 5:**

**Tax refund Determination**

This tax refund is  Approved  Disapproved

sign here: *[Signature]* Authorized officer

Date: **6/26/2024**

sign here: *[Signature]* Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 21-11, tax code)

Date: **5/2/24**

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/5/24 LV *Yf*  
 DATE: KR 06/07/24 *6/24/24*

APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DRI-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>CAZARES HECTOR &amp; SYLVIA (PD BY: YARDI SYSTEMS, INC.)</b> ✓ ✓
	Present mailing address (number and street) <b>1428 N CESAR CHAVEZ RD.</b>
	City, town or post office, state, ZIP code <b>ALAMO, TX 78516-6830</b>

Legal description (or attach copy of the tax bill or tax receipt): **ALAMO LAND & SUGAR CO S165'-N660' LOT 8 BLK 44 EXC 0.59AC & 0.50AC- SW COR FOR COMM BLDGS 3.91AC GR 3.83AC NET**

Step 2: Describe the property	Address or location of property: <b>N CESAR CHAVEZ RD</b>
	<b>341695</b> ✓ ✓
	Account number of property: <b>A1800.00.044.0008.13</b> ✓ OR Tax receipt number: <b>56728858</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	2022 ✓	03/13	/ 2023	\$ 5,150.23
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,150.23 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON COMMERCIAL ACCT. INSTEAD OF PERSONAL PROPERTY. REQUESTING FUNDS BACK.** ✓  
**JG**

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	sign here <i>Nicole Benandez</i> ✓ Signature	Date of application for tax refund <b>4/23/24</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	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here <i>Jane Sulkan</i> ✓ Authorized officer	Date <b>6/26/2024</b>
	sign here <i>Jane Sulkan</i> ✓ Collector(s) of taxing unit(s) for refund applications over \$1000.00 (insert amount for which governing body approval is required under Section 37.11, tax code)	Date <b>5/2/24</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: 02/12/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: **E.L.**

DATE: **6/4/2024** *KR* 06/05/24 <sup>6/22/24</sup>

**ROBERTO DIAZ** ✕  
 2100 S DANA DR  
 PHARR, TX 78577

Account Number B0310-02-000-0019-00 ✕
HCAD No. 582365 ✕ ✓
Legal Description of the Property BALCONES TRAIL PH 2 LOT 19
2406 KIMBERLY LN
OWNER: DIAZ ROBERTO ✕

2023 OVERAGE AMOUNT \$2,942.65 ✓

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
	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	Overpaid the account	<input checked="" type="checkbox"/>
	Duplicate payment	<input type="checkbox"/>
	Paid in error (explain)	<input type="checkbox"/>
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?	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
	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>[Signature]</i>	Date of application: <u>4/26/24</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>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> ✕ Date: <u>5/6/24</u>

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

OCT 26 2023 202

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) P O BOX 178	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: <b>E.L.</b>
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: <b>6/3/2024</b> <i>KE</i> 06/05/24 6/19/24 Phone (area code and number) (956) 318-2157

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>MOLINA PEDRO A &amp; MARIA G (PD BY: CORELOGIC) ✓</b>
	Present mailing address (number and street) <b>2213 ANNETTE AVE</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78541-1906</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>DANIELLE ESTATES LOT 78</b>
	Address or location of property: <b>2213 ANNETTE AVE ✓</b>
	<b>556231 ✓</b>
	Account number of property: <b>D0697.00.000.0078.00 ✗</b> OR <b>51737915</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	2022 ✓	12/20 / 2022	<del>\$ 2,822.30</del>	<del>\$ 2,822.30</del>
	2.		/	\$ 2,822.22	\$
	3.		/	\$	\$
	4.		/	\$	\$ 2,822.22
	5. TOTAL		/	\$	<del>\$ 2,822.30 ✗</del>

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON WRONG PARCEL.**

**CERTIFIED OWNER IS CLAIMING HE IS RESPONSIBLE FOR HIS TAXES, AND IS REQUESTING TO REIMBURSE CORELOGIC. ✓**

JT

<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."	
	Signature <i>Rhonda Sackler ✗</i>	Date of application for tax refund <i>6/15/24</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.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here <i>[Signature]</i>	Date 6/26/2024
	Collector(s) of taxing unit(s) for refund applications ever (insert amount for which governing body approval is required under Section 31.11, tax code) sign here <i>[Signature]</i>	Date <i>5/7/24 ✗</i>



**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: E.L. *yt*  
 DATE: 6/4/2024 *KE* 06/05/24 <sup>6/22/24</sup>

Account Number  
 F9000-82-000-2502-00 ✗  
 HCAD No. 111285 ✓ ✗

Legal Description of the Property  
 F9000, DAVIS, W J, MERIT ENERGY  
 COMPANY, WI, 812500

OWNER: MERIT ENERGY COMPANY ✓ ✗

2023 OVERAGE AMOUNT (\$75,454.78) ✓ ✗

HCTO  
**MERIT ENERGY COMPANY** ✗  
 13727 NOEL ROAD STE 1200  
 DALLAS, TX 75240

1: HIDALGO COUNTY, 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 _____ 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>F9020-82-000-2502-00</u> 1112853 ✓ <u>F9020-82-000-2502-00</u> For tax year <u>2023</u> ✓
	<input type="checkbox"/>	Escrow for next year's taxes 1112852 ✓
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> <u>Jegyan Clark</u> ✗ ✓	Date of application <u>4-11-24</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>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✗ Date: <u>5/2/24</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: 02/02/2024

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: *Francisco Saenz*  
 DATE: 5/31/2024 *KR* 06/04/24 6/22/24

**S&S P L L C**  
 PO BOX 2968  
 HOUSTON, TX 77252

<b>Account Number</b> K2400-00-000-0140-05 $\phi$ HCAD No. 202487 $\phi$ $\checkmark$
<b>Legal Description of the Property</b> KELLY PHARR TRACT E337.40'-W977.40'-N390'-S719.6' LOT 140 3.02AC NET  2701 N CAGE BLVD  OWNER: STEWART & STEVENSON POWER $\phi$ PRODUCTS LLC $\checkmark$ $\checkmark$

2023 OVERAGE AMOUNT \$31,002.22  $\phi$   $\checkmark$

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

<b>Step 1:</b> Identify the Payer requesting the refund if different than shown above	Name: <i>Stewart &amp; Stevenson Power Products</i> Relationship to Property Owner: <i>Employee</i>
	Mailing Address: <i>PO Box 2968</i> Daytime Telephone Number: <i>115 805-9049</i>
	City, State, Zip Code: <i>Houston TX</i> Email Address: <i>CPCTALE.KIRBY@corp.com</i>
<b>Step 2:</b> 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.
<b>Step 3:</b> 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)
<b>Step 4:</b> Provide payment information. Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer: <i>\$54,905.44</i>
	Total tax, penalty, and interest amount owed for the year:
	Amount of refund claimed: <i>\$21,002.22</i>
<b>Step 5:</b> 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 <span style="float: right;">For tax year</span>
	<input type="checkbox"/> Escrow for next year's taxes
<b>Step 6:</b> 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 Villareal</i> $\phi$ $\checkmark$ Date of application: <i>May 7th, 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	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Paul Villareal</i> Date: 6/27/2024
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Paul Villareal</i> Date: 5/16/24

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@HIDALGOCOUNTYTX.ORG

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Print Date: 02/08/2024

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: E.L.  
 DATE: 6/4/2024 KR 06/05/24 <sup>6/22/24</sup>

**RON HOOVER COMPANIES OF DONNA, INC.** ✕  
**CORPORATE ACCOUNT**  
 P.O. BOX 747  
 ROCKPORT, TX 78381

<b>Account Number</b> L0250-93-043-0005-01 ✕ HCAD No. 652622 ✓ ✕
<b>Legal Description of the Property</b> SPECIAL INVENTORY (GDN) AT 101 E INTERSTATE HWY 2 (SEE L0250-99-043-0005-01) / NEW ACCT 2003  1101 E INTERSTATE HWY 2 (S SIDE) 78537  OWNER: RON HOOVER COMPANIES OF DONNA INC/RV SAT ✓ ✕

**2023 OVERAGE AMOUNT \$3,519.78** ✓ ✕

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD, 76: CITY OF DONNA (X)

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		Relationship to Property Owner	
	Mailing Address		Daytime Telephone Number	
	City, State, Zip Code		Email Address:	
<b>Step 2: Refunds are only issued</b> 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.			
<b>Step 3: Mark the reason for the refund</b> and provide a brief explanation	<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>3,519.78</u>	
<b>Step 5: How should the refund be processed?</b>	<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		
<b>Step 6: Sign the application form.</b> 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> ✕	<u>A. V.</u> ✕	Date of application: <u>4-28-24</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>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>5/7/24</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: 02/21/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.  
 DATE: 6/4/2024 ke 06/05/24 6/22/24

**SIERRA TITLE OF HIDALGO COUNTY INC** ✱  
 ESCROW ACCOUNTS  
 3401 N 10TH STREET  
 MCALLEN, TX 78501

Account Number L0450-00-188-0000-10 ✱
HCAD No. 577096 ✱✓
Legal Description of the Property LA BLANCA 'B' S208.71' - N868.71' - E208.71' - W417.42' BLK 188 1AC NET
SUN FLOWER RD
OWNER: LERMA GENOVEVA ✱✓✓
2023 OVERAGE AMOUNT \$7,175.79 ✓✱

1. HIDALGO COUNTY, 2. DRAINAGE-DIST-#1, 3. EMS-DIST-#3, 4. 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 _____ 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 <u>[Signature]</u> ✱	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: <u>[Signature]</u> Date: <u>6/26/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/2/24</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: 03/26/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*  
 DATE: 5/28/2024 KR 06/04/24 6/20/24

**JOSE R. GONZALEZ**  
 2005 E GRIFFIN PKWY, STE B  
 MISSION, TX 78572

<b>Account Number</b> L1060-00-000-0024-00 HCAD No. 209424
<b>Legal Description of the Property</b> LA HACIENDA ESTATES LOT 24 & 25 2901 WHITEWING DR
<b>OWNER:</b> GONZALEZ JOSE REYES & VERONICA LYZETT

2023 OVERAGE AMOUNT \$12,496.43

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

<b>Step 1:</b> Identify the Payer requesting the refund if different than shown above	Name <i>Jose Reyes Gonzalez</i>	Relationship to Property Owner <i>Owner</i>
	Mailing Address <i>2005 E. Griffin Parkway Ste B</i>	Daytime Telephone Number
	City, State, Zip Code <i>Mission TX 78572</i>	Email Address: <i>jose@kmedicalsupply.com</i>
<b>Step 2:</b> 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.	
<b>Step 3:</b> 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)	
<b>Step 4:</b> Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$ <u>12,496.43</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
<b>Step 5:</b> 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	
<b>Step 6:</b> 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>04/13/2024</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>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.