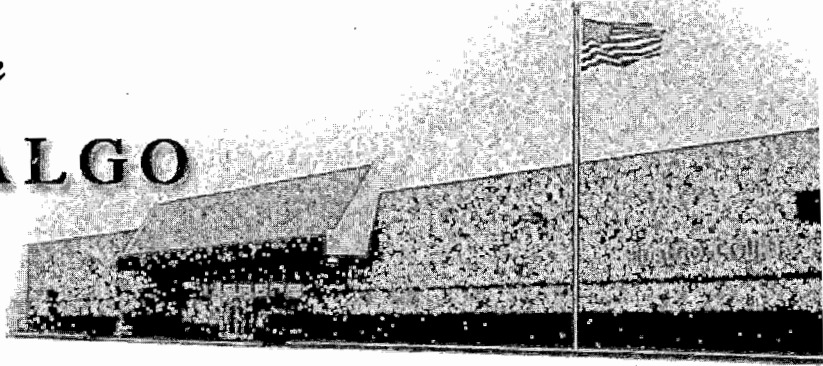


Office of Tax Assessor-Collector

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

July 2, 2024

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

Re: See attached list

Commissioners Court:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is (are) erroneous and/or excessive. The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

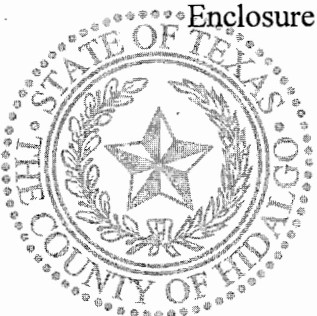
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully

Pablo (Paul) Villarreal, Jr., PCC

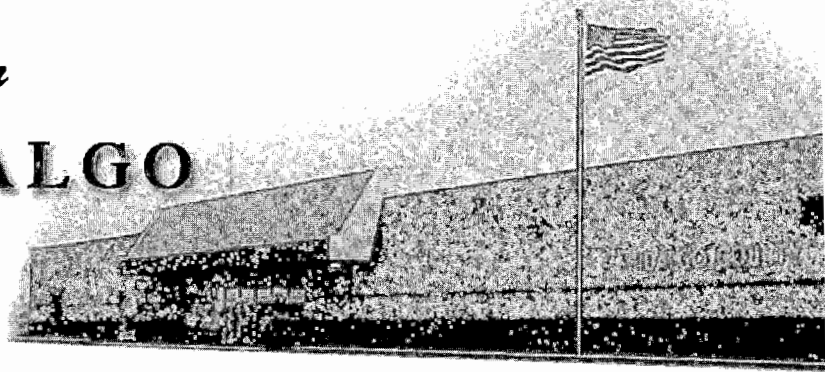
KGR

Enclosure



Office of Tax Assessor-Collector

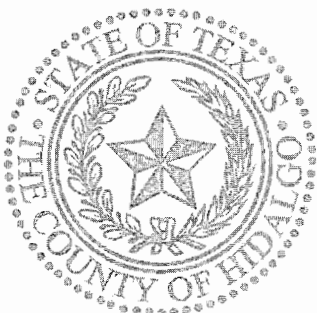
COUNTY of HIDALGO



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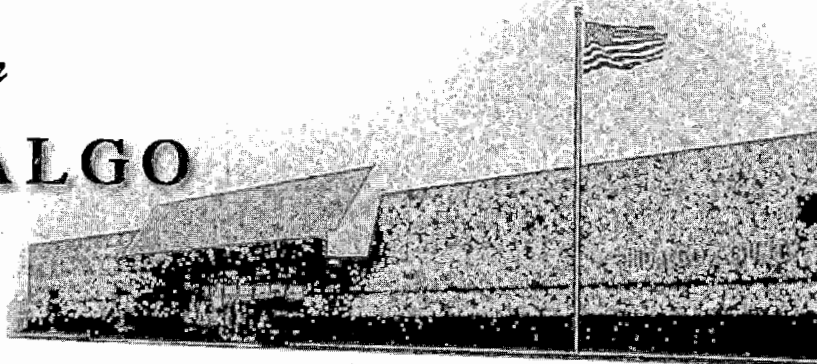
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ACCOUNT NUMBER	PAYER	AMOUNT
A2667.99.000.0002.07	RYAN LLC PAYING FOR 7-11	\$7,267.48
A6857.03.000.0001.00	RYAN LLC PAYING FOR 7-11	\$14,822.72
A6857.07.000.0001.00	RYAN LLC PAYING FOR 7-11	\$16,612.69
B2550.99.000.0142.02	RYAN LLC PAYING FOR 7-11	\$2,603.94
C0345.03.000.0019.00	CORELOGIC TAX SERVICES LLC	\$4,483.12
C7882.02.000.0039.00	CORELOGIC CENTRALIZED REFUNDS	\$5,408.85
D2949.02.000.0207.00	TANIA GALINDO	\$4,863.48
D5790.99.000.0002.42	DOCTORS HOSPITAL RENAISSANCE	\$7,996.02
E4361.00.000.0059.00	CORELOGIC CENTRALIZED REFUNDS	\$2,588.05
E4650.93.000.004D.03	TELLUS EQUIPMENT SOLUTIONS LLC	\$46,139.34
H0900.99.005.0012.12	TAMAYO'S JEWELRY INC	\$3,833.69
H3080.00.000.0019.00	CORELOGIC CENTRALIZED REFUNDS	\$2,789.70
J2280.99.000.0001.40	RYAN LLC PAYING FOR 7-11	\$6,332.85
J5700.99.008.0027.22	RYAN LLC PAYING FOR 7-11	\$3,575.63
J7650.99.000.0003.24	RODEO DENTAL TEXAS LLC RODEO DENTAL & ORTHODONTICS	\$10,022.35



Office of Tax Assessor-Collector

COUNTY of HIDALGO



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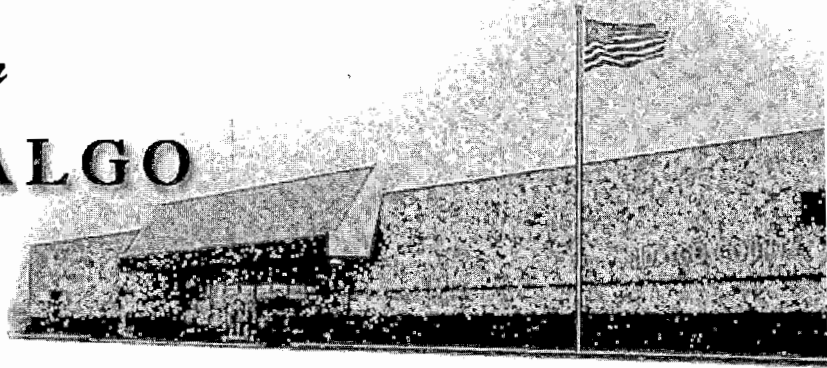
ACCOUNT NUMBER	PAYER	AMOUNT
K2100.99.00C.0001.37	RYAN LLC PAYING FOR 7-11	\$4,973.88
L1100.99.00A.0001.04	RYAN LLC PAYING FOR 7-11	\$4,083.66
L1320.00.000.0083.00	CORELOGIC TAX SERVICES LLC	\$2,802.16
L3676.00.000.0001.00	RYAN LLC PAYING FOR 7-11	\$9,942.48
L3676.99.000.0001.04	RYAN LLC PAYING FOR 7-11	\$3,471.94
L5112.01.000.1025.0A	ZWIEFELHOFER KEVIN J & DONNA J	\$3,225.68
M1713.99.000.0002.00	MATT'S BUILDING MATERIALS INC	\$13,219.26
N3020.99.000.0001.01	WALMART INC (PT)	\$7,516.16
P3235.00.000.0034.00	CORELOGIC CENTRALIZED REFUNDS	\$9,821.00
P6400.99.000.0000.Z3	COCA COLA SOUTHWEST BEV	\$3,741.29
P9277.11.000.0001.00	SIERRA TITLE OF HIDALGO COUNTY INC ESCROW ACCOUNTS	\$3,000.00
P9610.99.000.0001.02	RYAN LLC PAYING FOR 7-11	\$12,213.64
R2950.99.005.0009.H4	VALLEY PLASTICS AND PAPER RECYCLING INC	\$4,375.12
R4160.00.000.0001.00	CORELOGIC COMMERCIAL REAL ESTATE SERVICE	\$219,229.66
S2780.00.003.0016.00	MAXLER INVESTMENTS LLC	\$3,500.00



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

Office of Tax Assessor-Collector

COUNTY of HIDALGO



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www.hidalgocountytax.org

ACCOUNT NUMBER	PAYER	AMOUNT
S3280.99.000.002A.01	WILLIAM LYNCH	\$2,822.23
S6208.02.000.0003.00	CORELOGIC	\$2,897.41
T6010.06.000.0606.00	TEXAS NATIONAL TITLE ESCROW TRUST ACCOUNT	\$2,960.28
U2030.01.000.0008.00	ALMA TIJERINA	\$5,131.92
V3255.00.000.0019.00	DILEEP V MENON	\$6,130.12
W0100.99.000.0000.R1	WHEELS LT	\$16,513.38
Y3500.99.002.0007.12	MVM INC	\$10,354.06



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

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

Print Date: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 6/14/2024 KE 06/20/24 6/28/24

RECEIVED

APR 01 2024

Ryan LLC
 PTS-Scottsdale

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

Account Number
 A2667-99-000-0002-07 ϕ
 HCAD No. 1217752 $\checkmark \phi$
 Legal Description of the Property
 INVENTORY SUPPLIES FURNITURE FIXTURES &
 EQUIPMENT AT 435 WEST HIGHWAY / NEW
 ACCT 2019
 435 W MILITARY HWY 281 78579 \checkmark
 OWNER: STRIPES STORE $\checkmark \phi$

2023 OVERAGE AMOUNT \$7,267.48 ϕ

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 36: CITY OF PROGRESO, 50: PROGRESO 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	\$12,609.70		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$7,267.48		
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			Date of Application:
	SIGN HERE	<u>Jordan Pro ϕ</u>		<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: <u>[Signature]</u>	Date: <u>7/11/2024</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@HIDALGOCOUNTY.TAX.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: 6/14/2024 KE 06/20/24 6/27/24

RECEIVED

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

APR 01 2024
 Ryan LLC
 PTS-Scottsdale

Account Number A6857-03-000-0001-00 ϕ
HCAD No. 592173 $\checkmark \phi$
Legal Description of the Property AZIZ NO. 3 LOTS 1
1901 TESORO #5 BLVD \checkmark
OWNER: MDC COAST 10 LLC $\phi \checkmark \checkmark$

2023 OVERAGE AMOUNT 1514822.72 $\checkmark \phi$

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

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Ryan LLC paying for 7-11 ϕ	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	\$23,905.08		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$14,822.72 \checkmark		
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			Date of application
	SIGN HERE <u>Jordan Pro</u> ϕ			<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: <u>[Signature]</u> ϕ	Date: <u>7/1/2024</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., FCC
 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: 6/14/2024 KE 06/20/24 6/27/24

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

RECEIVED

APR 01 2024

Ryan LLC
 PTB-Scottsdale

Account Number	A6857-07-000-0001-00
HCAD No.	666996 ✓
Legal Description of the Property	AZIZ NO. 7 LOTS 1 & 2 1524 NOLANA LOOP #25 ✓
OWNER:	MDC COAST 10 LLC ✓

2023 OVERAGE AMOUNT \$16,612.69 ✓

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	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 _____ 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	\$26,791.82		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$16,612.69		
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	Jordan Pro ✓	Date of application	4/10/2024
	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: <u>[Signature]</u>	Date: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	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: 02/07/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 6/14/2024 KE 06/20/24 ^{6/28/24}

RECEIVED

APR 01 2024

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

Ryan LLC
 PTS-Scottsdale

Account Number B2550-99-000-0142-02 ϕ
HCAD No. 1217765 $\checkmark \phi$
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 3801 WEST 3 MILE LINE ROAD (COR OF 3 MI LN & BENTSEN PALM) / NEW ACCT 2019
3801 W 3 MILE RD 78574 $\checkmark \phi$ OWNER: STRIPES STORE $\checkmark \phi$

2023 OVERAGE AMOUNT \$2,603.94 $\checkmark \phi$

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Ryan LLC paying for 7-11</u> ϕ	Relationship to Property Owner <u>Authorized Agent</u>
	Mailing Address <u>PO Box 4900</u>	Daytime Telephone Number <u>602-955-1792</u>
	City, State, Zip Code <u>Scottsdale, AZ 85254</u>	Email Address: <u>PTS.TELEVEN@RYAN.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>\$5,615.80</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$2,603.94</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Jordan Pro</u> $\phi \checkmark$	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: <u>[Signature]</u> Date: <u>7/11/2024</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: 06/05/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. [Signature] 6/30/24
 DATE: 6/26/2024 KE 06/30/24

CORELOGIC TAX SERVICES, LLC. ✱
 3001 HACKBERRY ROAD
 IRVING, TX 75063

Account Number C0345-03-000-0019-00 ✱ HCAD No. 1311218 ✱
Legal Description of the Property CALEDONIA ESTATES PH 3 LOT 19 518 E PAOLA ST 78542
OWNER: RIVERA FLOR ✱

2023 OVERAGE AMOUNT \$4,483.12 ✱

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: RMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6092: LIGHT FEE CALEDONIA ESTATES PH 3

Loan #: 6070144046315

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 31.11e 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 shows above	Name	CORELOGIC ✱	Relationship to Property Owner
	Mailing Address	3001 Hackberry rd	Daytime Telephone Number 8176092421
	City, State, Zip Code	Irving, TX 75063	Email Address: smarkham@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		4,534.15
	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	<u>[Signature]</u> ✱	Date of application <u>6-12-24</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>6/11/24</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: 12/18/2023

FEB 08 2024 161

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*
 DATE: 6/18/2024 *KR* 06/20/24 6/28/24

CORELOGIC CENTRALIZED REFUNDS
 PO BOX 9202
 COPPELL, TX 75019-9760

Account Number C7882-02-000-0039-00
HCAD No. 674248
Legal Description of the Property CONCHO ESTATES PH 2 LOT 39
2311 N BRYAN RD
OWNER: PARRA ANTONJO & ENEDELIA

2023 OVERAGE AMOUNT \$5,408.85

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 0650226042

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	
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 <i>Francisco Saenz</i>	Date of application <u>6-17-24</u>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>5/24/24</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

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/28/24 LV *[Signature]*
 DATE: KE 06/30/24 *[Signature]* 6/30/24

TANIA GALINDO ✓
 402 S RESPLANDOR ST
 MISSION, TX 78572

Account Number D2949-02-000-0207-00 ✓ HCAD No. 697013 ✓
Legal Description of the Property DEL ORO UT NO. 2 LOT 207 402 S RESPLANDOR ST 78572 ✓ OWNER: GALINDO TANIA ✓

2023 OVERAGE AMOUNT 94863.48 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 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	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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4 - Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>\$ 4,863.48</u> ✓
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 4,863.48</u> ✓
Step 5 - How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6 - Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true, and correct	
	SIGN HERE <u>Tania Galindo</u> ✓	Date of application <u>5/21/2024</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/16/24</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: 01/31/2024

HIDALGO COUNTY AUDITOR'S OFFICE

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

DOCTORS HOSPITAL RENAISSANCE
 P.O. BOX-3293
 MCALLEN, TX 78502

Account Number
 D5790-99-000-0002-42 ϕ
 HCAD No. 1470386 ϕ ✓ 1470397

Legal Description of the Property
 DELETE 2023/DAW D5790-99-000-0002-40;
 SUPPLIES FURNITURE FIXTURES & EQUIPMENT
 AT 2821 MICHAEL ANGELO DR STE 102B ✓
 NEW ACCT 2023

2821 MICHAEL ANGELO DR 1ST FL STE 102B
 PROPERTY: DHR HEALTH - DIABETES & ϕ
 ENDOCRINOLOGY INS ✓

2023 OVERAGE AMOUNT \$7,996.02 ϕ ✓ ✓

~~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 DOCTORS HOSPITAL AT RENAISSANCE	Relationship to Property Owner
	Mailing Address PO Box 3293	Daytime Telephone Number 956-362-3075
	City, State, Zip Code MCALLEN, TX 78502 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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment Also paid on HCAD 1186039 & 1470386	
	<input checked="" 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	5565.63
	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"/>
	<input 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
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application: 5/17/24
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 5/24/24

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

FEB 08 2024 197



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

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

Print Date: 12/19/2023

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: E.L. *Yf* 6/29/24
DATE: 6/20/2024 *KE* 06/21/24

CORELOGIC CENTRALIZED REFUNDS ϕ
PO BOX 9202
COPPELL, TX 75019-9760

Account Number E4361-00-000-0059-00 ϕ HCAD No. 592093 $\checkmark \phi \checkmark$
Legal Description of the Property SHARYLAND PLANTATION VILLAGE EL JARDIN DE LAS FLORES LOT 59 3203 SAN CLEMENTE OWNER: VILLANUEVA MARTIN JR $\checkmark \phi \checkmark$

2023 OVERAGE AMOUNT \$2,588.05 $\checkmark \phi \checkmark$

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
Loan #: 0530220447304

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 ϕ	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 2023 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		2588.05
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	<i>Corelogic</i> ϕ	Date of application 5-7-24
	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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> ϕ	Date: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 5/24/24

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: 02/15/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.
 DATE: 6/14/2024 KE 06/20/24 6/28/24

TELLUS EQUIPMENT SOLUTIONS LLC ϕ
 P.O. BOX 946
 KATY, TX 77492

Account Number E4650-93-000-004D-03 ϕ HCAD No. 1312273 ϕ
Legal Description of the Property SPECIAL INVENTORY (HEAVY) AT 409 E INTERSTATE HIGHWAY 2 (SEE E4650-99-000-004D-04) / NEW ACCT 2021 409 E INTERSTATE HWY 2 (N SIDE) 78572 OWNER: TELLUS EQUIPMENT SOLUTIONS LLC ϕ
2023 OVERAGE AMOUNT <u>\$26,139.34</u> ϕ

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	same as above		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	<u>Taxes paid on new account overestimated.</u>		
	<input type="checkbox"/>	Duplicate payment			
	<input type="checkbox"/>	Paid in error (explain)			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer			<u>46,426.02</u>	
	Total tax, penalty, and interest amount owed for the year			<u>286.68</u>	
	Amount of refund claimed			<u>46,139.34</u>	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/>	Mail to Property Owner			
	<input type="checkbox"/>	Mail to Payer at address in Step 1			
	<input type="checkbox"/>	Transfer this amount to account	For tax year		
	<input type="checkbox"/>	Eserow 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> ϕ	Date of application:	<u>4/30/24</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>7/1/2024</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@HIDALGOCOUNTYTX.ORG

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 02/12/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/28/24 LV *[Signature]*
 DATE: KR 06/30/24 *[Signature]* 6/30/24

TAMAYO'S JEWELRY INC. ✓
 620 N 23RD ST
 MCALLEN, TX 78501

Account Number H0900-99-005-0012-12 ✓ HCAD No. 648005 ✓ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 620 N 23RD ST STE A & C / NEW ACCT 2003 620 N 23RD ST STE-A & C 78501 ✓ OWNER: TAMAYO'S JEWELRY ✓ ✓

2023 OVERAGE AMOUNT \$3,833.69 ✓ ✓

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>Rocio and Tamayo Jr</i>	Relationship to Property Owner <i>Self</i>
	Mailing Address <i>620 N 23rd St</i> City, State, Zip Code <i>McAllen TX 78501</i>	Daytime Telephone Number <i>956-789-0173</i> 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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>\$7,767.38 App.</i>
	Total tax, penalty, and interest amount owed for the year	<i>UNKNOWN</i>
	Amount of refund claimed	<i>\$3,833.69</i>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i> ✓	Date of application <i>05/22/2024</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: <u>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/6/24</u>

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

FEB 23 2024 188



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: E.L.

DATE: 6/18/2024 KE 06/20/24 6/28/24

CORELOGIC CENTRALIZED REFUNDS
PO BOX 9202
COPPELL, TX 75019-9760

Account Number H3080-00-000-0019-00 HCAD No. 1371674	φ φ φ
Legal Description of the Property HIGHLAND OAKS LOT 19 2608 WISTERIA AVE	φ φ
OWNER: GUTIERREZ PEDRO	φ

2023 OVERAGE AMOUNT \$2,789.70 φ

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

Loan #: 0702508128

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 φ	Relationship to Property Owner
	Mailing Address	PO BOX 9202	Daytime Telephone Number 817-699-2106
	City, State, Zip Code	COPPELL TX 75019	Email Address: KIRAM@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 2023 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		2789.70
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	Stanley / Corelogic φ	Date of application 5-3-24
	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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature] Date: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature] 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@HIDALGOCOUNTYTX.ORG

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

Print Date: 02/07/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V. *[Signature]*
 DATE: *KE* 06/20/24 *[Signature]* 6/29/24

RECEIVED
 APR 01 2024

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

Ryan LLC
 PTS-Scottsdale

Account Number J2280-99-000-0001-40 ✓
HCAD No. 1234705 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1521 WEST RIDGE /NEW ACCT 2019
1521 W RIDGE RD 78577 ✓
OWNER: STRIPES STORE ✓

2023 OVERAGE AMOUNT: \$6,332.85 ✓

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>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>PTS7e7even@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 <i>2023</i> ✓ and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account <input type="checkbox"/> Duplicate payment <input type="checkbox"/> Paid in error (explain)			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>\$10,213.18</i>		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	<i>\$6,332.85</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 <table border="0"> <tr> <td>SIGN HERE <i>Jordan Pro</i></td> <td>Date of application <i>4/10/2024</i></td> </tr> </table>		SIGN HERE <i>Jordan Pro</i>	Date of application <i>4/10/2024</i>
SIGN HERE <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>7/1/2024</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/07/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V.

DATE: KE 06/20/24 6/29/24

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

RECEIVED

APR 01 2024

Ryan LLC
 PTS-Scottsdale

Account Number J5700-99-008-0027-22 ✓ HCAD No. 1234912 ✓ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES MACHINERY & EQUIPMENT AT 711 N NEBRASKA / NEW ACCT 2019 711 N RAUL LONGORIA RD 78589 OWNER: STRIPES STORE ✓

2023 OVERAGE AMOUNT \$3,575.63 ✓

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 <u>Ryan LLC, paying for 7-11</u>	Relationship to Property Owner <u>Authorized Agent</u>
	Mailing Address <u>PO Box 4900</u>	Daytime Telephone Number <u>602-955-1772</u>
	City, State, Zip Code <u>Scottsdale, AZ 85254</u>	Email Address: <u>pts7eleven@ryan.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>\$5,893.61</u> ✓
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$3,575.63</u> ✓
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Jordan Pro</u> ✓	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: _____ Date: _____
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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 05/13/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/28/24 LV *[Signature]*
 DATE: KR 06/30/24 *[Signature]* 6/30/24

RODEO DENTAL TEXAS, LLC. ✓
RODEO DENTAL & ORTHODONTICS
 100 E. 15TH STREET
 SUITE 520
 FORT WORTH, TX 76102

Account Number J7650-99-000-0003-24 ✓ HCAD No. 1073135 ✓✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1901 W EXPWY 83 STE 800 / NEW ACCT 2017. 1901 W INTERSTATE HWY 2 (S SIDE) STE-800 78596 ✓ OWNER: RODEO WESLACO DENTAL & ORTHODONTICS PLLC ✓

2023 OVERAGE AMOUNT \$10,022.35 ✓✓

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

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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>20,797.75</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>10,775.40</u> ✓
	Amount of refund claimed	<u>10,022.35</u> ✓✓
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <u>5/23/24</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/6/24</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

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V.

DATE: KR 06/20/24 6/29/24

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 K2100-99-00C-0001-37 ✓
HCAD No. 1232736 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 809 N CAGE BLVD/ NEW ACCT 2019
809 N CAGE BLVD 78577
OWNER: STRIPES STORE ✓

2023 OVERAGE AMOUNT 834,973.88 ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Ryan LLC paying for 7-11</u>	Relationship to Property Owner <u>Authorized Agent</u>
	Mailing Address <u>PO Box 4900</u>	Daytime Telephone Number <u>602-955-1792</u>
	City, State, Zip Code <u>Scottsdale AZ 85254</u>	Email Address: <u>pts7eleven@ryan.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>\$ 8,021.54</u> ✓
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>84,973.88</u> ✓
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed.	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Jordan Pro</u> ✓	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: <u>[Signature]</u> Date: <u>7/1/2024</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: 02/07/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: 6/18/24 L.V.

DATE: KR 06/20/24 ^{6/29/24}

RECEIVED

APR 01 2024

Ryan LLC
 PTS-Scottsdale

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

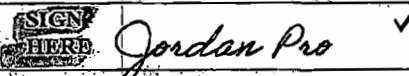
Account Number LI100-99-00A-0001-04 ✓ HCAD No. 1217797 ✓✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 5000 N.LA HOMA RD / NEW ACCT 2019 6220 N LA HOMA RD ✓ OWNER: STRIPES STORE ✓✓
2023 OVERAGE AMOUNT <u>34,083.66</u> ✓

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Ryan LLC paying for 7-11</u>	Relationship to Property Owner <u>Authorized Agent</u>
	Mailing Address <u>PO Box 4900</u>	Daytime Telephone Number <u>602-955-1792</u>
	City, State, Zip Code <u>Scottsdale AZ 85254</u>	Email Address: <u>ptsTeleven@ryan.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>\$8,807.07</u> ✓
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$4,083.66</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 <div style="display: flex; justify-content: space-between;"> <div>  SIGN HERE </div> <div> Date of application <u>4/10/2024</u> </div> </div>	
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>7/1/2024</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.

OCT 06 2023

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

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

Print Date: 06/01/2023

SECOND NOTICE

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/28/24 LV
DATE: KR 06/30/24 6/30/24

SEP 13 2023

CORELOGIC TAX SERVICES LLC
3001 HACKBERRY ROAD
IRVING, TX 75063

Account Number L1320-00-000-0083-00
HCAD No. 211381
Legal Description of the Property LA LOMITA ESTATES LOT 83
2504 N 31ST LN
OWNER: TORRES ORLANDO

2022 OVERAGE AMOUNT \$2,802.16

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

Loan #: 0695283606

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.

Form with steps 1-6: Identify the Payer, Refunds are only issued, Mark the reason for the refund, Provide payment information, How should the refund be processed, Sign the application. Includes fields for Name, Mailing Address, City, State, Zip Code, Email Address, Total amount paid, Total tax, penalty, and interest amount owed, Amount of refund claimed, and signature of Corey Corelogic.

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

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V.

DATE: KE 06/20/24

6/28/24

RECEIVED

APR 01 2024

Ryan LLC
 PTS-Scottsdale

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

Account Number L3676-00-000-0001-00 ✓ HCAD No. 644506 ✓✓
Legal Description of the Property LE BARON LOT 1 900 N JACKSON RD #15 OWNER: MDC COAST 10 LLC ✓✓
2023 OVERAGE AMOUNT \$9,942.48 ✓

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	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	\$16,034.56		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$9,942.48		
Step 5: How should the refund be processed?	<input type="checkbox"/>	Mail to Property Owner		
	<input checked="" type="checkbox"/>	Mail to Payer at address in Step 1		
	<input type="checkbox"/>	Transfer this amount to account	For tax year	
	<input type="checkbox"/>	Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.			
	SIGN HERE	<u>Jordan Pro</u>	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: Approved Denied By: [Signature] Date: 7/1/2024

TAX OFFICE USE ONLY: Approved Denied By: [Signature] 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: 02/07/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V.

DATE: KR 06/20/24 ^{6/29/24}

RECEIVED

APR 01 2024

RYAN LLC PAYING FOR T-11
AFTEN BIEBAY
 PO BOX 4900
 SCOTTSDALE, AZ 85261

Ryan LLC
 PTS-Scottsdale

Account Number L3676-99-000-0001-04 ✓
HCAD No. 1217796 ✓ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 802 NORTH JACKSON RD / NEW ACCT 2019
802 N JACKSON RD 78577
OWNER: STRIPES STORE ✓

2023 OVERAGE AMOUNT \$3,471.94 ✓

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	Ryan LLC paying for T-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:	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	\$5,599.31 ✓		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed	\$3,471.94 ✓		
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			Date of application
	SIGN HERE	Jordan Pro ✓	4/10/2024	
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: Approved Denied By: [Signature] Date: 7/11/2024

TAX OFFICE USE ONLY: Approved Denied By: [Signature] Date: 6/19/24

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



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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 02/05/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/18/24 L.V.
 DATE: KR 06/20/24 6/29/24

ZWIEFELHOFER KEVIN J & DONNA J
 14746 COUNTY HWY DD
 BLOOMER, WI 54724-3942

Account Number L5112-01-000-1025-0A ✓ HCAD No. 698908 ✓✓
Legal Description of the Property LLANO GRANDE LAKE PARK RESORT & CC NORTH PH 1(3RD AMND) LOT 1025A 1025 A PONCE DE LEON W OWNER: ZWIEFELHOFER KEVIN J & DONNA J ✓
2023 OVERAGE AMOUNT \$3,225.68 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 28: CITY OF MERCEDES, 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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property <u>Owner</u>	
	Mailing Address	Daytime Telephone Number <u>715-933-1039</u>	
	City, State, Zip Code	Email Address:	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> <u>Kevin Jzwiefelhofer</u> the party entitled to the refund. <u>Donna J. Zwiiefelhofer</u>		
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>\$ 4820.79</u>	
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed	<u>\$ 3225.68 ✓</u>	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner		
	<input type="checkbox"/> Mail to Payer at address in Step 1		
	<input type="checkbox"/> Transfer this amount to account	For tax year	
	<input type="checkbox"/> Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct		
	SIGN HERE <u>Kevin Jzwiefelhofer</u> <u>Donna J. Zwiiefelhofer</u>	Date of application <u>4/22/2024</u>	
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>7/1/2024</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: 02/22/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. 6/30/24
 DATE: 6/24/2024 KE 06/30/24

MATT'S BUILDING MATERIAL INC. ☼
PO BOX 1663
PHARR TX 78577

Account Number M1713-99-000-0002-00 ☼ HCAD No. 1017705 ☼ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 3601 W PALMA VISTA DR / NEW ACCT 2016 7250 W PALMA VISTA DR (S SIDE) 78572 OWNER: MATTS CASH & CARRY ☼ ✓

2023 OVERAGE AMOUNT \$13,219.26 ✓ ☼ ✓

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 <u>Diana O. Smith ☼</u>	Relationship to Property Owner <u>Vice Pres.</u>
	Mailing Address <u>P.O. Box 1663</u>	Daytime Telephone Number <u>956-330-9550</u>
	City, State, Zip Code <u>Pharr, Tx 78577</u>	Email Address: <u>esther@mattsbm.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>\$28,630.79</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$13,219.26</u>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
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>Diana O. Smith ☼</u>	Date of application <u>May 30 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>7/1/2024</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>6/6/24</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: 03/13/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/12/24 LV
 DATE: KR 06/20/24 6/27/24

WALMART INC (PT) ✓
 702 SW 8TH ST
 BENTONVILLE, AR 72716

Account Number N3020-99-000-0001-01 ✓ HCAD No. 964091 ✓ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 800 E NOLANA AVE / NEW ACCT 2015 800 E NOLANA AVE 78501 OWNER: WAL MART #6098 ✓ ✓

2023 OVERAGE AMOUNT \$7,516.16 ✓ ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALEN 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>Joanne Ownbey</u>	Relationship to Property Owner <u>Employee</u>
	Mailing Address <u>PO Box 8050 MS0553</u>	Daytime Telephone Number <u>(479) 313-1429</u>
	City, State, Zip Code <u>Bentonville, AR 72712</u>	Email Address: <u>joanne.ownbey@walmart.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 <u>check was for City of McAllen cashed by County</u>	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>see above</u>	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>38,669.91</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>31,153.75</u> ✓
	Amount of refund claimed	<u>7,516.16</u> ✓
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Joanne Ownbey</u> ✓	Date of application <u>3/13/2024</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: <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>6/25/24</u>

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

FEB 08 2024

99



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

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/20/24 L.V. [Signature]

DATE: KR 06/21/24 [Signature] 6/30/24

CORELOGIC CENTRALIZED REFUNDS ✓
PO BOX 9202
COPPELL, TX 75019-9760

Account Number: P3235-00-000-0034-00 ✓
HCAD No. 668553 ✓✓
Legal Description of the Property: PARADISE ESTATES LOT 34
2101 BAHAMAS DR
OWNER: GUAJARDO ELOY & YANETH ✓✓

2023 OVERAGE AMOUNT \$9,821.00 ✓✓

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

Loan #: 1000782421

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

Form with 6 steps: 1. Identify Payer (Name: CORELOGIC TAX SERVICES LLC), 2. Refunds issued (I paid taxes for year 2023 ✓), 3. Reason for refund (Overpaid the account ✓), 4. Payment info (Amount of refund claimed: 9821.00 ✓), 5. How should refund be processed (Mail to Payer at address in Step 1 ✓), 6. Sign application (Signed by Sandy Elden Corelogic, Date: 5-7-24). Includes Auditor's and Tax Office's use sections with approval checkboxes and signatures.

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: 02/13/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/20/24 L.V. *[Signature]*
 DATE: *KR* 06/21/24 *[Signature]* 6/30/24

COCA COLA SOUTHWEST BEV ✓
 5320 EBJ HWY. STE 800
 DALLAS, TX 75240.

Account Number P6400-99-000-0000-23 ✓
HICAD No. 1155293 ✓
Legal Description of the Property LEASED EQUIPMENT AT SPA & CPR / NEW ACCT 2018
MULTI LOCS @ SPA & CPR ✓
OWNER: COCA-COLA SOUTHWEST ✓ BEVERAGES ✓

2023 OVERAGE AMOUNT: \$3,741.29 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: 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	COCA COLA SOUTHWEST BEV	Relationship to Property Owner	OWNER
	Mailing Address	PO BOX 1827	Daytime Telephone Number	813-569-2749
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	BRANDON, FL 33509	Email Address:	VENDINGPROPTAXCCSWB@COKE-BSNA.COM
	I paid the taxes for year 2023 ✓ 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		\$4,456.10	
	Total tax, penalty, and interest amount owed for the year		\$714.81	
	Amount of refund claimed		\$3,741.29 ✓	
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/>	Mail to Property Owner		
	<input type="checkbox"/>	Mail to Payer at address in Step 1		
	<input type="checkbox"/>	Transfer this amount to account	For tax year	
	<input type="checkbox"/>	Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed.	By completing and signing this form I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct			
	SIGN HERE	<i>[Signature]</i>	Date of application	5/1/2024
	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: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 5/21/24

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: 02/29/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/28/24 LV *LV*

DATE: *KR* 06/30/24

6/30/24

SIERRA TREE OF HIDALGO COUNTY INC.

ESCROW ACCOUNTS

3401 N 10TH STREET
 MCALLEN, TX 78501

Account Number
 P9277-11-000-0001-00 ✓
 HCAD No. 718844 ✓

Legal Description of the Property
 PUEBLO DE PALMAS PH 11 LOT 1 & 2

FM 2812

OWNER: R & E MEAT MARKET PROPERTIES LLC ✓

2023 OVERAGE AMOUNT \$3,000.00 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6005: LIGHT FEE PUEBLO DE PALMAS #11

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 <i>[Signature]</i>	Date of application: <i>5/24/24</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>7/1/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6/16/24</i>

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alexandra Torres*

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178

DATE: 6/21/2024 *KR* 06/21/24 ^{6/29/24}
Phone No.: (956) 318-2157
Fax No.: 956-318-2733
Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/07/2024



SUBMIT

JE 5-16-24

RECEIVED

APR 01 2024

Ryan LLC
PTS-Scottsdale

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

Account Number ✓ P9610-99-000-0001-02 HCAD No. 1234920 ✓✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 2710 N CAGE BLVD / NEW ACCT 2019 2710 N CAGE BLVD 78577 OWNER: STRIPES STORE ✓✓

2023 OVERAGE AMOUNT ~~\$12,213.64~~

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>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 85251</i>	Email Address: <i>pts7eleven@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>\$19,697.33</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$12,213.64</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 ✓	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>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>7/1/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6/18/24</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: 02/21/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/5/24 LV *YF*
 DATE: *KR* 06/07/24 *6/22/24*

VALLEY PLASTICS AND PAPER RECYCLING, INC ✓
MCALLEN FOREIGN TRADE ZONE
6801 S 33RD STREET, BLDG M
MCALLEN, TX 78503

Account Number R2950-99-005-0009-H4 ✓ HCAD No. 775496 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 6801 S 33RD BLDG M (SEE R2950-99-005-0009-11) NEW ACCT 2009 6801 S 33RD ST BLDG-M 78503 ✓ OWNER: VALLEY PLASTIC & PAPER RECYCLING ✓

2023 OVERAGE AMOUNT \$4,375.12 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 57: HIDALGO ISD

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <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	\$4,375.12
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i> ✓	Date of application 06/15/2024
	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: 6/26/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 6/23/24

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: 02/06/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/20/24 L.V.

DATE: KR 06/21/24 Yf 6/30/24

CORELOGIC COMMERCIAL REAL ESTATE SERVICE
 PO BOX 9222
 COPPELL, TX 75019-9224

Account Number R4160-00-000-0001-00 ✓
HCAD No. 627642 ✓ ✓
Legal Description of the Property ROSEMONT BEACH LOT 1
201 EQUAMASIA AVE
OWNER: NOLANA PROPERTIES INVESTMENTS LIMITED PA ✓

2023 OVERAGE AMOUNT \$219,229.66 ✓ ✓

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

Loan #: 6327936-01

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 311.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00.

Step 1: Identify the Payer requesting the refund if different than shown above	Name: <u>Core Logic</u>	Relationship to Property Owner: <u>Tax Vendor</u>
	Mailing Address: <u>3001 Hackberry Rd</u>	Daytime Telephone Number: <u>817-699-7236</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code: <u>Irving, TX 75063</u> Email Address: <u>aaacuna@corelogic.com</u>	
	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>\$ 416,216.35</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 219,229.66</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	Transfer this amount to account: _____ For tax year _____	
Step 6: Sign the application. 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.	Escrow for next year's taxes	
	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>5-14-24</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>7/11/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/29/24</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: 02/23/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 6/20/24 L.V. *[Signature]*
 DATE: *KR* 06/21/24 *[Signature]* 6/29/24

MAXLER INVESTMENTS LLC ✓
 2426 E 21ST ST
 MISSION, TX 78572-3391

Account Number S2780-00-003-0016-00 ✓ HCAD No. 574186 ✓ ✓
Legal Description of the Property SHARY GARDENS LOT 16 BLK 3 (COMMERCIAL PARKING AREA) EXC E14.50'-N40'-S45.89' 495 & GARDEN VIEW DR OWNER: MAXLER INVESTMENTS LLC ✓

2023 OVERAGE AMOUNT **\$3,500.00** ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name Lourdes Lerma	Relationship to Property Owner owner
	Mailing Address 6808 N. Taylor Rd.	Daytime Telephone Number 956-458-4358
	City, State, Zip Code McAllen, TX 78504	Email Address: lermas28@hotmail.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2023 ✓ 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	\$ 3,500.00
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$ 3,500.00
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	(SIGN) HERE <i>[Signature]</i> ✓	Date of application: 05/16/2024
	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: 7/1/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 5/29/24

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: 04/09/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alexandro Torres*
 DATE: *6/21/2024 KR 06/21/24* 6/29/24

WILLIAM LYNCH
 1001 3RD AVENUE SOUTH
 MINNEAPOLIS, MN 55404

Account Number S3280-99-000-002A-01 HCAD No. 1185131
Legal Description of the Property INVENTORY SUPPLIES FURNITURE PECTURBS & EQUIPMENT AT 2808 W EXPWY 83 STE 100/ NEW ACCT 2019 2808 INTERSTATE HWY 2 STE 100 78501 OWNER: SLEEP NUMBER
2023 OVERAGE AMOUNT \$2,822.23

HIDALGO COUNTY, 2. DRAINAGE DISTRICTS: 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>Sleep Number</i>	Relationship to Property Owner: <i>THE PLANNOR</i>
	Mailing Address: <i>1001 3rd Ave S</i>	Daytime Telephone Number: <i>7635512061</i>
	City, State, Zip Code: <i>Mpls MN 55404</i>	Email Address: <i>william.lynch@sleepnumber.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <i>2023</i> 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 <i>made in error</i>	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information. Attach copies of cancelled checks only if refund is over \$500.	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>2,822.23</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner <i>Sleep Number</i>	
	<input type="checkbox"/> Mail to Payer at address in Step 1 <i>1001 3rd Ave S Mpls MN 55404</i>	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed.	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.	
	SIGN HERE <i>[Signature]</i>	Date of application: <i>5/15/2024</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>7/1/2024</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: <i>5/29/24</i>	

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

204



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

-Print Date: 01/19/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*
DATE: 6/21/2024 *KR* 06/21/24 6/29/24

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

Account Number ✓ S6208-02-000-0003-00 HCAD No. 732512 ✓✓
Legal Description of the Property STEWART PLACE ESTATES NO. 2 LOT 3 505 E 11TH ST ✓ OWNER: RAMOS JESUS M & VICTORIA R ✓

2023 OVERAGE AMOUNT \$2,897.41 ✓✓

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 <i>Corelogic</i>	Relationship to Property Owner <i>Mortgage Company</i>
	Mailing Address <i>3001 Hackberry</i>	Daytime Telephone Number <i>817-699-3988</i>
	City, State, Zip Code <i>Irving, TX 75063</i>	Email Address: <i>dnellum@corelogic.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>\$6890.18</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$2897.41</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 ✓	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Danielle Nell</i> ✓	Date of application <i>4-15-24</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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>7/1/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>5/24/24</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: 02/15/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *Yf* 6/30/24
 DATE: 6/27/2024 *KE* 06/30/24

TEXAS NATIONAL TITLE *¢*
 ESCROW TRUST ACCOUNT
 589 NORTH FM 1626 SUITE 202
 BUDA, TX 78610

Account Number T6010-06-000-0606-00 <i>¢</i> HCAD No. 623447 <i>¢</i> <i>✓</i>
Legal Description of the Property TOM GILL NO 6 LOT 606 1701 NUGGET ST <i>✓</i>
OWNER: REYNA JUAN A JR & DORA C <i>¢</i> <i>✓</i>
2023 OVERAGE AMOUNT \$2,960.28 <i>¢</i> <i>✓</i>

1: HIDALGO COUNTY, 34: CITY OF PENITAS, 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	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	<i>Sube Co. handled sale</i> <i>512-337-0925</i> <i>Qwteam@txsnationaltitle.com</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	<u>\$4901.39</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$2960.28</u> <i>✓</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	<i>Texas National Title Company - 589 N FM 1626, #202, Buda, TX 78610</i>
	<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>Juan Villarreal Jr.</i> <i>Escrow</i> <i>¢</i>	Date of application <u>6/27/24</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/10/24</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: 07/01/2022

SECOND NOTICE

9-22-23

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. 6/30/24
 DATE: 6/24/2024 KR 06/30/24

ALMA TIJERINA ϕ
 810 STANFORD CT
 EDINBURG, TX 78541

Account Number U2030-01-000-0008-00 ϕ HCAD No. 601414 ϕ \checkmark
Legal Description of the Property UNIVERSITY VILLAGE PH. 1 LOT 8 810 STANFORD CT \checkmark
OWNER: TIJERINA PEDRO G & ALMA ϕ \checkmark

2021 OVERAGE AMOUNT \$5,131.92 ϕ \checkmark

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 <u>Alma Tijerina ϕ</u>	Relationship to Property Owner
	Mailing Address <u>810 Stanford Ct</u>	Daytime Telephone Number <u>956 457-6477</u>
	City, State, Zip Code <u>Edinburg TX 78541</u>	Email Address: <u>atijerina80@yahoo.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 _____ 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 checked="" type="checkbox"/> Paid in error (explain) <u>Bank paid amount too</u>	
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>Alma Tijerina ϕ</u>	Date of application <u>6-4-24</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/10/24</u>

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

cc payment



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. *YH* 6/30/24
 DATE: 6/24/2024 *KE* 06/30/24

DILEEP V. MENON *¢*
 8208 N CYNTHIA ST.
 MCALLEN, TX 78503-567

Account Number <i>¢</i> V3255-00-000-0019-00 <i>¢</i> HCAD No. 689612 <i>¢</i> <i>✓</i>
Legal Description of the Property VIA CANTERA - AMENDED LOT 19 8208 N CYNTHIA ST <i>✓</i>
OWNER: MENON, DILEEP <i>¢</i> <i>✓</i>
2023 OVERAGE AMOUNT \$6,130.12 <i>¢</i> <i>✓</i>

~~HIDALGO COUNTY, 2- DRAINAGE DIST #1, 17- MCALLEN ISD, 54- SOUTH TEXAS ISD, 55- SOUTH TEXAS COLLEGE~~

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	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 type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>6130.12</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>6130.12</u> <i>✓</i>
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>SM</i> <i>¢</i>	Date of application <u>5/27/2024</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>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/6/24</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: 01/27/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres
 DATE: 6/21/2024 KR 06/21/24 6/29/24

✓
WHEELS LT
666 GARLAND PL
DES PLAINES, IL 60016-4788

Account Number ✓ W0100-99-000-0000-R1 HCAD No. 1473573 ✓
Legal Description of the Property LEASED VEHICLES AT SMS / NEW ACCT 2023 MULTI LOCS @ SMS ✓ OWNER: WHEELS LT ✓
2023 OVERAGE AMOUNT: <u>\$16,513.38</u> ✓

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: <u>Reggy Nuccio</u>	Relationship to Property Owner: <u>employee</u>
	Mailing Address: <u>466 Garland Place</u>	Daytime Telephone Number: <u>847-544-4316</u>
	City, State, Zip Code: <u>Des Plaines IL 60016</u>	Email Address: <u>Reggy.Nuccio@wheels.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 _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account ✓	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 ✓	
	<input checked="" type="checkbox"/> Transfer this amount to account: <u>W0100-99-000-0000-R1</u> 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>Reggy Nuccio</u> ✓	Date of application: <u>5/29/24</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: _____ Date: <u>7/1/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/29/24</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: 05/30/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. In 6/30/24

DATE: 6/25/2024 KE 06/30/24

MVM, INC.
19775 BELMONT EXECUTIVE PLAZA
SUITE 400
ASHBURN, VA 20147

Account Number: Y3500-99-002-0007-12
HCAD No. 1239373
Legal Description of the Property: SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 220 S K CENTER ST STE A /NEW ACCT 2020
220 S K CENTER ST 78501
OWNER: MVM INC

2023 OVERAGE AMOUNT \$10,354.06

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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Step 1: Identify the Payer requesting the refund if different than shown above
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.
Step 3: Mark the reason for the refund and provide a brief explanation
Step 4: Provide payment information
Step 5: How should the refund be processed?
Step 6: Sign the application form. Unsigned applications will not be processed.
AUDITORS USE ONLY: [X] Approved [] Denied
TAX OFFICE USE ONLY: [X] Approved [] Denied