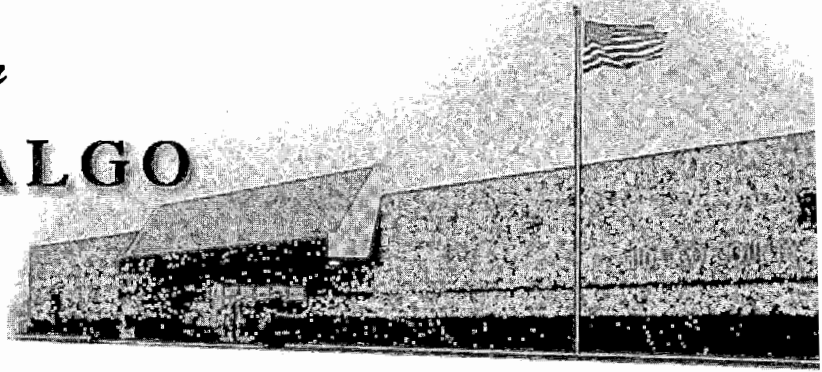


Office of Tax Assessor-Collector

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 31, 2024

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

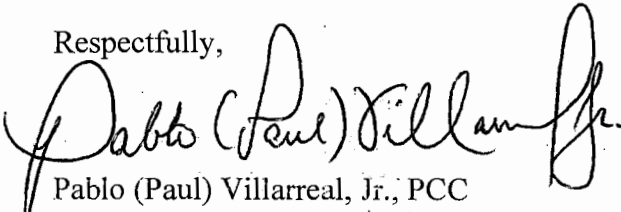
Re: See attached list

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.

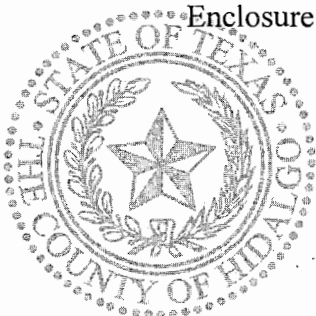
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

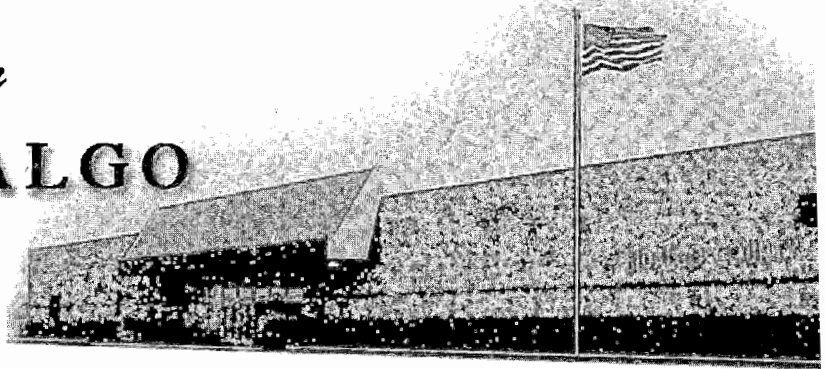
JT

Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

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Edinburg, Texas 78540-0178
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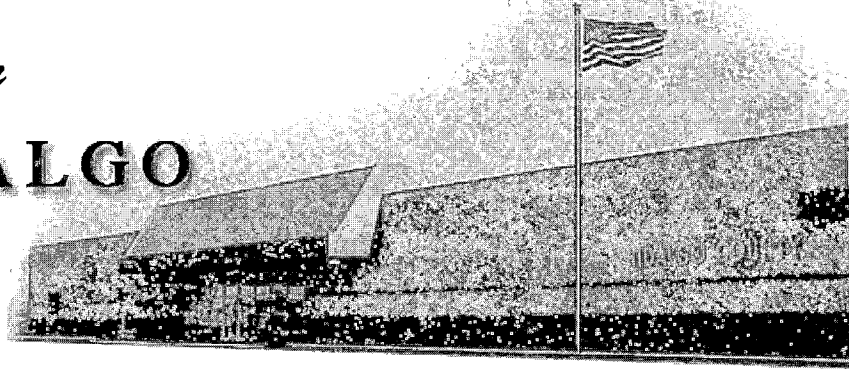
ACCOUNT NUMBER	PAYER	AMOUNT
A1748.99.000.0002.19	RODEO DENTAL TEXAS LLC	\$6,296.73
B4350.00.009.0003.00	AMY ALLEN	\$3,920.96
B5050.00.010.0005.00	RUBEN GONZALEZ	\$3,146.11
C9650.02.000.0009.00	SN SERVICING CORP	\$3,072.47
E3300.99.000.0000.U2	L & B PROPERTY TAX LLC	\$14,010.46
H0111.99.000.0001.27	RODEO DENTAL TEXAS LLC	\$5,449.24
K2400.00.000.0163.02	MATT'S CASH & CARRY BUILDING MATERIALS INC	\$42,608.74
K2400.00.000.0164.06	MATT'S CASH & CARRY BUILDING MATERIALS INC	\$18,449.67
K2400.99.000.0163.01	MATT'S BUILDING MATERIALS INC	\$15,482.67
L2050.99.000.0000.A0	GEORGE MCELROY & ASSOCIATES INC	\$3,856.39
M1919.00.000.0077.00	CORELOGIC	\$4,371.77
M1713.00.000.0002.00	MATT'S CASH & CARRY BUILDING MATERIALS INC	\$39,090.88
M3250.00.002.0011.00	MELISSA GARCIA	\$3,599.28
P2344.99.000.0003.06	RODEO DENTAL TEXAS LLC	\$3,216.58
P4355.00.000.0011.00	JOSEPHIN ASSAD	\$9,000.00



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

Office of Tax Assessor-Collector

COUNTY of HIDALGO

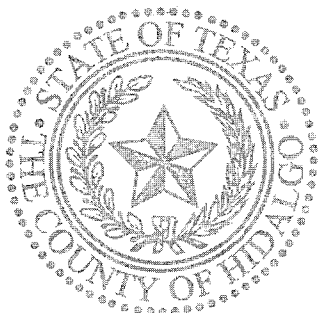


Pablo "Paul" Villarreal, Jr. PCC.

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Edinburg, Texas 78540-0178
Ph. (956) 318-2157
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ACCOUNT NUMBER	PAYER	AMOUNT
P9006.00.000.0001.00	AURELIO RAMIREZ JR	\$4,349.15
S1550.00.000.0000.75	ESTATE OF MARIA ALICIA T SANCHEZ DAVID JOSE SANCHEZ INDEPENDENT EXECUTOR	\$3,679.75
S2979.99.00A.0002.19	RODEO DENTAL TEXAS LLC	\$10,894.65
S3290.99.000.0002.01	RODEO DENTAL TEXAS LLC	\$7,512.82
T1231.05.000.0013.00	CORELOGIC	\$9,269.19
U0350.99.000.002A.00	RODEO DENTAL TEXAS LLC	\$6,607.11
W0254.99.000.0003.00	RODEO DENTAL TEXAS LLC	\$2,702.18
W3800.99.544.0000.11	RODEO DENTAL TEXAS LLC	\$5,869.51





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: 7/1/24 LV *[Signature]*
 DATE: *KE* 07/02/24 *[Signature]* 7/29/24

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

Account Number A1748-99-000-0002-19 ✓ HCAD No. 1242097 ✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1449 W DURANTA AVE STE A / NEW ACCT 2020 1449 W DURANTA AVE STE-A 78516 OWNER: ALAMO DENTAL & ORTHODONTICS ✓
2023 OVERAGE AMOUNT \$6,296.73 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 43: PHARR, SAN JUAN, ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	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	18,011.47 ✓
	Total tax, penalty, and interest amount owed for the year	11,714.74 ✓
	Amount of refund claimed	6,296.73 ✓
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 5/23/24
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: 7/30/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 6/6/24

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: E.L. 7/29/24
 DATE: 7/12/2024 KE 07/15/24

AMY ALLEN ✓
 1109 W JONQUIL AVE
 MCALLEN, TX 78501

Account Number B4350-00-009-0003-00 <u>✓</u>
HCAD No. 127579 <u>✓</u> <u>✓</u>
Legal Description of the Property BROADLAWN TERRACE NO. 2 LOT 3 BLK 9 1109 JONQUIL AVE <u>✓</u>
OWNER: ALLEN AMY <u>✓</u> <u>✓</u>

2023 OVERAGE AMOUNT \$3,920.96 ✓ ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Amy Allen</u> <u>✓</u>	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: <u>[Signature]</u> Date: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>7/5/24</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. *7/29/24*
 DATE: 7/3/2024 *KR* 07/03/24

RUBEN GONZALEZ *¢*
 2510 SONORA AVE
 MISSION, TX 78572

Account Number B5050-00-010-0005-00 <i>¢</i> HCAD No. 128033 <i>¢</i> <i>✓</i>
Legal Description of the Property BUENA VISTA LOT 5-6 BLK 10 1416 E CHAMPION ST
OWNER: GONZALEZ RUBEN JR. <i>¢</i> <i>✓</i> <i>✓</i>

2023 OVERAGE AMOUNT \$3,146.11 *¢* *✓* *✓*

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 <i>Ruben Gonzalez</i> <i>¢</i>	Relationship to Property Owner <i>Owner</i>
	Mailing Address <i>2510 Sonora Ave</i>	Daytime Telephone Number <i>956 340 0016</i>
	City, State, Zip Code <i>Mission, TX 78572</i>	Email Address: <i>wbeings57@hotmail.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain) <i>I lost the property and paid twice.</i>	
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 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	
	<i>(SIGN HERE)</i> <i>Ruben Gonzalez</i> <i>¢</i>	Date of application <i>6/25/24</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: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>7/2/24</u>

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

cc payment

315749

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	HIDALGO COUNTY AUDITOR'S OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	APPROVED BY: E.L. <i>[Signature]</i> 7/29/24	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 7/2/2024 <i>[Signature]</i> 07/03/24	Phone (area code and number) (956) 318-2157

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

Step 1:	Owner's name DE LA ROSA ASCENCION & SAN JUANA T (PAID BY: SN SERVICING CORP) ✓
Owner's name and address	Present mailing address (number and street) 1024 GEOFFREY LN
	City, town or post office, state, ZIP code EDINBURG, TX 78539-5462
	Phone (area code and number)

Legal description (or attach copy of the tax bill) or tax receipt: CUL MAR DEE NO. 2 LOT 9

Step 2:	Describe the property
	Address or location of property: 1019 GEOFFREY LN
	156441 ✓
	Account number of property: C9650.02.000.0009.00 ✓
	Tax receipt number: OR 53970849

Step 3:	Give the tax payment information																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:10%;">Year for Which Refund is Requested</th> <th style="width:10%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:15%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES ✓</td> <td>2022/2021</td> <td>06/22 / 2023</td> <td>\$ 3,072.47</td> <td>\$ 3,072.47 ✓</td> </tr> <tr> <td>2.</td> <td>✓</td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5. TOTAL</td> <td></td> <td>/</td> <td>\$</td> <td>\$3,072.47 ✓</td> </tr> </tbody> </table>	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	1. ALL ENTITIES ✓	2022/2021	06/22 / 2023	\$ 3,072.47	\$ 3,072.47 ✓	2.	✓	/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5. TOTAL		/	\$	\$3,072.47 ✓
Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested																											
1. ALL ENTITIES ✓	2022/2021	06/22 / 2023	\$ 3,072.47	\$ 3,072.47 ✓																											
2.	✓	/	\$	\$																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5. TOTAL		/	\$	\$3,072.47 ✓																											

Taxpayer's reason for refund (attach supporting documentation): SN SERVICING CORP (PAYER)

MADE PAYMENT ON INCORRECT PARCEL. PAYER IS REQUESTING FUNDS BE APPLIED TO CORRECT PARCEL C9650.02.000.0013.00. 156445 ✓

JT

Step 4:	sign the form		
	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">sign here <i>[Signature]</i> ✓</td> <td style="width:40%;">Date of application for tax refund 6-6-24</td> </tr> </table>	sign here <i>[Signature]</i> ✓	Date of application for tax refund 6-6-24
sign here <i>[Signature]</i> ✓	Date of application for tax refund 6-6-24		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5:	Tax refund Determination		
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">sign here <i>[Signature]</i></td> <td style="width:40%;">Date 7/30/2024</td> </tr> </table>	sign here <i>[Signature]</i>	Date 7/30/2024
sign here <i>[Signature]</i>	Date 7/30/2024		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">sign here <i>[Signature]</i> ✓</td> <td style="width:40%;">Date 6/17/24</td> </tr> </table>	sign here <i>[Signature]</i> ✓	Date 6/17/24
sign here <i>[Signature]</i> ✓	Date 6/17/24		



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

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz* *7/29/24*
 DATE: 6/26/2024 *KR 07/01/24*

L&B PROPERTY TAX LLC ✓
 PO BOX 311270
 NEW BRAUNFELS, TX 78131

Account Number E3300-99-000-0000-D2 ✓ HCAD No. 860345 ✓✓
Legal Description of the Property LEASED EQUIPMENT AT SEB & CEB / NEW ACCT 2013 VAR. LOC @ SEB & CEB
OWNER: REDDY ICE ✓✓

2023 OVERAGE AMOUNT \$14,010.46 ✓✓

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

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above.	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<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 checked="" type="checkbox"/> Mail to Property Owner Remaining balance of 10709.93	
	<input type="checkbox"/> Mail to Payer at address in Step 1 559349 ✓	
	<input type="checkbox"/> Transfer this amount to account S3530-00-000-0001-00 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>[Signature]</i> ✓	Date of application <u>6-5-24</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>7/30/2024</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: 05/13/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 7/1/24 LV: up
 DATE: KR: 07/02/24 7/29/24

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

Account Number H0111-99-000-0001-27 ✓ HCAD No. 1074202 ✓✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1300 S CAGE BLVD STE K/ NEW ACCT 2017 1300 S CAGE BLVD STE K 78577 OWNER: RODEO DENTAL PHARR PLLC ✓✓

2023 OVERAGE AMOUNT \$5,449.24 ✓✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above.	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	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>15099.92</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>9650.68</u> ✓
	Amount of refund claimed:	<u>5449.24</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>Timothy Zimmerman</u> ✓	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: <u>[Signature]</u> Date: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> 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: 02/22/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*
 DATE: 6/21/2024 *KR* 07/01/24 ^{7/29/24}

MATTS CASH & CARRY BUILDING
 MATERIALS INC
 PO BOX 1663
 PHARR TX 78577

Account Number K2400-00-000-0163-02 HCAD No. 202631
Legal Description of the Property KELLY PHARR TRACT AN IRR TR N521.54'-S681.20'-W660' LOT 163 7.71AC NET 404 E EXPRWY 83 OWNER: MATT'S CASH & CARRY

2023 OVERAGE AMOUNT \$42,608.74

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>Diana O. Smith</i>	Relationship to Property Owner	<i>Vice Pres.</i>
	Mailing Address	<i>P.O. Box 1663</i>	Daytime Telephone Number	<i>956-330-9550</i>
	City, State, Zip Code	<i>Pharr, TX 78577</i>	Email Address:	<i>esther@mattsbm.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account			
	<input type="checkbox"/> Duplicate payment			
	<input checked="" type="checkbox"/> Paid in error (explain) <i>Paid off wrong Statement</i>			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer		<i>\$ 68,716.50</i>	
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed		<i>\$ 42,608.74</i>	
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>Diana O. Smith</i>	Date of application	<i>May 30, 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>7/30/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>6/6/24</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: 02/22/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Francisco Saenz

DATE: 6/24/2024 KR 07/01/24 7/29/24

MATT'S CASH & CARRY BUILDING & MATERIALS INC PO BOX 1663 PHARR TX 78577

Account Number K2400-00-000-0164-06 HCAD No. 202650 Legal Description of the Property KELLY PHARR TRACT E330'-S528' LOT 164 4.0AC 404 E ESPRESSWAY 83 OWNER: MATT'S CASH & CARRY

2023 OVERAGE AMOUNT \$18,449.67

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

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code.

Step 1: Identify the Payer requesting the refund if different than shown above Name Diana O. Smith Relationship to Property Owner Vice Pres. Mailing Address P.O. Box 1663 Daytime Telephone Number 956-330-9550 City, State, Zip Code Pharr, TX 78577 Email Address: esther@mattsbm.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 Overpaid the account Duplicate payment Paid in error (explain) Paid off wrong statement

Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00 Total amount paid by this taxpayer \$29,754.38 Total tax, penalty, and interest amount owed for the year Amount of refund claimed \$18,449.67

Step 5: How should the refund be processed? Mail to Property Owner Mail to Payer at address in Step 1 Transfer this amount to account For tax year Escrow for next year's taxes

Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed. SIGN HERE Date of application May 30 2024

AUDITORS USE ONLY: [X] Approved [] Denied By: Date: 7/30/2024 TAX OFFICE USE ONLY: [X] Approved [] Denied By: Date: 6/6/24

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: 02/22/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*
 DATE: 6/24/2024 KR 07/01/24 7/29/24

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

Account Number K2400-99-000-0163-01
HCAD No. 203843 ✓ ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 400 E INTERSTATE HWY 2-PHARR
404 E INTERSTATE HWY 2 (S SIDE) 78577
OWNER: MATT'S CASH & CARRY ✓ ✓

2023 OVERAGE AMOUNT \$15,482.67 ✓ ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>Diana O. Smith</i>	Relationship to Property Owner <i>Vice Pres.</i>
	Mailing Address <i>P.O. Box 1663</i>	Daytime Telephone Number <i>956-330-9550</i>
	City, State, Zip Code <i>Pharr, TX 78577</i>	Email Address: <i>esther@mattsbm.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>\$ 24,969.41</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$ 15,482.67 ✓</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 _____	
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>Diana O. Smith</i> ✓	Date of application <i>May 30, 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>7/30/2024</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: 7/1/24 LV *lv*

DATE: *KR* 07/02/24 *7/29/24*

GEORGE MCELROY & ASSOCIATES INC ✓
PERSICO CLIENT TAX BILL PAYMENT ACCT ✓
 1412 MAIN STREET SUITE 1500
 DALLAS, TX 75202

Account Number L2050-99-000-0000-A0 ✓ HCAD No. 1101632 ✓ ✓
Legal Description of the Property LEASED EQUIPMENT AT SLV & CLV / NEW ACCT 2017 MULTI LOCS @ SLV & CLV OWNER: GRAYHAWK LEASING LLC ✓ ✓

2023 OVERAGE AMOUNT \$3,856.39 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 26: CITY OF LA VILLA, 44: LA VILLA 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>George McElroy; Acct / Matt Welch</i>	Relationship to Property Owner <i>Authorized Agent</i>
	Mailing Address <i>1412 Main St, Suite 1500</i>	Daytime Telephone Number <i>(214) 905-3730</i>
	City, State, Zip Code <i>Dallas, TX 75202</i>	Email Address: <i>mattwegmainc.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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>3,856.39</i> ✓
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year _____
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application: <i>5/20/24</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>7/30/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6/6/24</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: 01/19/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*
 DATE: 7/2/2024 *KR* 07/03/24 7/28/24

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

Account Number ✓ M1919-00-000-0077-00 ✓ HCAD No. 1307786 ✓ ✓
Legal Description of the Property MAYFAIR RESIDENCE LOT 77 1501 PARK ST
OWNER: DOLCAN CONSTRUCTION INC ✓

2023 OVERAGE AMOUNT \$4,371.77 ✓ ✓

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

Loan #: 0032696676

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 8176992106
	City, State, Zip Code COPPEL, TX, 75019 Email Address: shenshwetha@corelogic.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account ✓
	<input type="checkbox"/> Duplicate payment
	<input type="checkbox"/> Paid in error (explain)
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer
	Total tax, penalty, and interest amount owed for the year
	Amount of refund claimed <u>4371.77</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 2024
	<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>Scarlett Corelogic</i> Date of application <u>6-7-24</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>Paul Villarreal</i> Date: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Paul Villarreal</i> Date: <u>6/17/24</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: *Francisco Saenz*
 DATE: 6/25/2024 *KR* 07/01/24 7/29/24

MATTS CASH & CARRY BUILDING MATERIALS INC
 PO BOX 1663 ✓
 PHARR, TX 78577-1629

Account Number M1713-00-000-0002-00¢ HCAD No. 962052¢ ✓
Legal Description of the Property MATT'S PALMVIEW LOT 2 7250 W PALMA VISTA DR.(S SIDE) ✓
OWNER: MATTS CASH & CARRY BUILDING MATERIALS INC ✓

2023 OVERAGE AMOUNT \$39,090.88 ✓

HIDALGO COUNTY, 27 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 <i>Diana O. Smith</i>	Relationship to Property Owner <i>Vice Pres.</i>	
	Mailing Address <i>P.O. Box 1663</i>	Daytime Telephone Number <i>956-330-9550</i>	
	City, State, Zip Code <i>Pharr, TX 78577</i>	Email Address: <i>esther@mattsbm.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>\$ 66,921.84</i>
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed	<i>\$ 39,090.88</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		
	SIGN HERE <i>[Signature]</i> ✓	Date of application <i>May 30, 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>7/30/2024</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: 05/23/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres
 DATE: 7/10/2024 KR 07/11/24 17/29/24

MELISSA GARCIA
1300 DAFFODIL AVENUE
MCALLEN TX 78501

Account Number ✓ M3250-00-002-0011-00 HCAD No. 233545 ✓ ✓
Legal Description of the Property MEINEN TERRACE LOT 11 BLK 2 1300 DAFFODIL AVE ✓ ✓ OWNER: GARCIA CARLOS O & MELISSA V ✓ ✓
2023 OVERAGE AMOUNT \$3,599.28 ✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Melissa V. Garcia</u>	Relationship to Property Owner <u>self</u>
	Mailing Address <u>1300 Daffodil Ave</u>	Daytime Telephone Number <u>956-802-5612</u>
	City, State, Zip Code <u>McAllen, Tx 78501</u>	Email Address: <u>gar166k@aol.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 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>3599.28</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>3599.28</u> ✓
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>[Signature]</u> ✓	Date of application: <u>6-26-24</u> ✓
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>7/5/24</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: 05/10/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 7/1/24 LV *lv*

DATE: *KR* 07/02/24 *7/29/24*

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

Account Number P2344-99-000-0003-06 ✓
HCAD No. 1239600 ✓✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 228 E MILE 3 RD STE 101 / NEW ACCT 2020 228 E 3 MILE RD STE 101 78573
OWNER: PALMHURST ✓ DENTAL ✓ & ORTHADONTICS PLLC ✓

2023 OVERAGE AMOUNT \$3,216.58 ✓✓

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	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>6,673.68</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>3457.10</u> ✓
	Amount of refund claimed	<u>3216.58</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>Timothy Zimmerman</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>7/30/2024</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: 04/26/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *7/29/24*
 DATE: 7/3/2024 *KE 07/03/24*

LE
HCTO
JOSEPHIN ASSAD *φ*
 5617 S 23RD STREET
 MCALLEN, TX 78503

Account Number P4355-00-000-0011-00 <i>φ</i> HCAD No. 790090 <i>φ</i> <i>✓</i>
Legal Description of the Property PARTRIDGE ESTATES LOT 11 2916 DRIFTWOOD LN 78574 OWNER: ASSAD, KATIA JOSEPHIN <i>φ</i> <i>✓</i>

2023 OVERAGE AMOUNT \$9,000.00 *φ* *✓*

~~1. HIDALGO COUNTY, 2. DRAINAGE DIST #1, 3. CITY OF MISSION, 51. SHARYLAND ISD, 54. SOUTH TEXAS ISD, 55. SOUTH TEXAS COLLEGE~~

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	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 checked="" type="checkbox"/> Escrow for next year's taxes <i>2024 φ</i>	
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>Kay φ</i> <i>✓</i>	Date of application <i>6/17/24</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>7/30/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6/25/24</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@HIDALGOCOUNTYTX.ORG

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

Print Date: 02/08/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 7/3/24 LV *[Signature]*

DATE: *KR* 07/03/24 *[Signature]* 7/21/24

AURELIO RAMIREZ JR ✓
 CONSTRUCTION LLC
 PO BOX 177
 PROGRESO TX 78579

Account Number P9006-00-000-0001-00 ✓ HCAD No. 685354 ✓
Legal Description of the Property PROGRESO ESTATES LOT 1 & 2 RED ANT DR
OWNER: PROGRESO RIO PLAZA LLC ✓

2023 OVERAGE AMOUNT: \$4,349.15 ✓

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 <i>Aurelio Ramirez Jr.</i>	Relationship to Property Owner
	Mailing Address <i>P.O. Box 177</i>	Daytime Telephone Number <i>(956) 494-7078</i>
	City, State, Zip Code <i>Progreso TX 78579</i>	Email Address: <i>Erami9319@gmail.com</i> <i>Aurelio ramirez jr construction@gmail.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	
	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>Aurelio Ramirez Jr</i>	Date of application <i>5/16/24</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>7/30/2024</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6/6/24</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: 02/23/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*
 DATE: 7/3/2024 KR 07/03/24 7/29/24

ESTATE OF MARIA ALICIA T SANCHEZ
 DAVID JOSE SANCHEZ INDEPENDENT
 EXECUTOR
 1612 VINTAGE LANE
 MISSION TX 78572

Account Number ✓ S1550-00-000-0000-75 HCAD No. 277420 ✓ ✓
Legal Description of the Property SANTA ANITA GRANT 1615.03AC S1/2-12,922.2AC BNG AN IRR TR N9535.85'-S22,086.23'-W7378.31'-E23771.5 7' W FM 1017 ✓ OWNER: SANCHEZ MARIA ALICIA T ✓ ✓
2023 OVERAGE AMOUNT \$3,679.75 ✓

1. HIDALGO COUNTY, 5. EMS DIST #3, 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 311.1c 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>SAME</u>	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 checked="" type="checkbox"/> Duplicate payment ✓	
	<input checked="" type="checkbox"/> Paid in error (explain) - <u>Had already paid with Sanchez - LINK</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	<u>None - 3,679.75</u>
	Amount of refund claimed	<u>\$3,679.75</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:
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>5/7/2024</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>7/30/2024</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

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: 7/1/24 LV

DATE: KR 07/02/24 7/29/24

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

Account Number S2979-99-00A-0002-19 ✓
HCAD No. 1371089 ✓✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 2423 EAST INTERSTATE HIGHWAY 2 STE 300/ NEW ACCT 2021
2423 E INTERSTATE HWY 2 (N SIDE) STE 300 78572 OWNER: RODEO DENTAL TEXAS LLC ✓✓

2023 OVERAGE AMOUNT \$10,894.65 ✓✓

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 311.1c 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>22,606.92</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>11,712.27</u> ✓
	Amount of refund claimed	<u>10,894.65</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>Timothy Zimmerman</u> ✓	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: <u>[Signature]</u> Date: <u>7/30/2024</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: 05/10/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Francisco Saenz
 DATE: 6/25/2024 KR 07/01/24 7/29/24

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

Account Number S3290-99-000-0002-01 HCAD No. 1235913
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1814 E INTERSTATE 2 STE D / NEW ACCT 2020 2480 W INTERSTATE 2 (N.SIDE) STE D 78537 OWNER: DONNA DENTAL & ORTHODONTICS LLC

2023 OVERAGE AMOUNT \$7,512.82

1: HIDALGO COUNTY; 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA 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 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>15,587.09</u>
	Total tax, penalty, and interest amount owed for the year	<u>8074.27</u>
	Amount of refund claimed	<u>7512.82</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>Timothy Zimmerman</u>	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: _____ Date: <u>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul [Signature]</u> Date: <u>6/6/24</u>

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

APPROVED BY: *Alejandro Torrealba*

DATE: 7/25/2024 *KR* 07/25/24 7/30/24

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

Step 1: Owner's name and address	Owner's name ELIZONDO LUIS O & JESSICA SANTANA (PD BY: CORELOGIC)
	Present mailing address (number and street) PO BOX 1605
	City, town or post office, state, ZIP code PROGRESO, TX 78579-1605
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **TEJAS NO. 5 PH 2 LOT 13**

Address or location of property:
683867

Account number of property: **T1231.05.000.0013.00** OR Tax receipt number: **45795926, 48919571, 51738100**

Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1. ALL ENTITIES	2020 ✓	12/30 / 2020	\$ 637.01	\$ 637.01 ✓
2. ALL ENTITIES	2021 ✓	12/29 / 2021	\$ 3,950.88	\$ 3,950.88 ✓✓
3. ALL ENTITIES	2022 ✓	12/20 / 2022	\$ 4,681.30	\$ 4,681.30 ✓✓
4.		/	\$	\$
5. TOTAL		/	\$	\$ 9,269.19 ✓✓

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR CERTIFIED OWNER CLAIMS THAT HE DOESN'T HAVE A MORTGAGE AND THAT HE IS RESPONSIBLE FOR THE TAXES. Please Send funds to Corelogic.**

Step 4: sign the form

"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."

Signature: *Starley / Corelogic* ✓ Date of application for tax refund: **6/29/2024** ✓

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.

Step 5: Tax refund Determination

This tax refund is Approved Disapproved

Authorized officer sign here: *[Signature]* Date: **7/30/2024**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here: *Paul Delgado* ✓ Date: **7/12/24** ✓



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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*
 DATE: 6/26/2024 *KR* 07/01/24 7/29/24

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

Account Number U0350-99-000-002A-00☐ HCAD No. 902045☐✓✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 117 E GRIFFIN PKWY / NEW ACCT 2014 117 E GRIFFIN PKWY ✓
OWNER: RODEO DENTAL & ORTHODONTICS☐ ✓
2023 OVERAGE AMOUNT \$6,607.11☐✓✓

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	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>13,710.80</u>
	Total tax, penalty, and interest amount owed for the year	<u>7,103.69</u>
	Amount of refund claimed	<u>6,607.11</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>Timothy Zimmerman</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>7/30/2024</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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG
 Print Date: 05/13/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saez*
 DATE: 6/25/2024 *KR* 07/01/24 7/29/24

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

Account Number W0254-99-000-0003-00 HCAD No. 1132228
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1560 E CANTON RD STE G / NEW ACCT 2018 2812 S I-69C 78542 OWNER: RODEO EDINBURG DENTAL & ORTHODONTICS

2023 OVERAGE AMOUNT \$2,702.18

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<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>8,148.69</u>
	Total tax, penalty, and interest amount owed for the year	<u>5446.51</u>
	Amount of refund claimed	<u>2702.18</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>Timothy Zimmerman</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>7/30/2024</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 05/10/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*

DATE: 6/25/2024 *KR* 07/01/24 7/29/24

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

Account Number W3800-99-544-0000-11 HCAD No. 1130493
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 512 E EDINBURG AVE STE A / NEW ACCT 2018 512 E EDINBURG AVE (107) STE:A 78543 OWNER: ELSA DENTAL & ORTHODONTICS PLLC

2023 OVERAGE AMOUNT \$5,869.51

1: HIDALGO COUNTY; 2: DRAINAGE DIST #1; 4: EMS DIST #2; 23: CITY OF ELSA; 42: EDCOUCH-ELSA 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>12,180.90</u>
	Total tax, penalty, and interest amount owed for the year	<u>6,311.39</u>
	Amount of refund claimed	<u>5,869.51</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>Timothy Zimmerman</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>7/30/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/1/24</u>

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