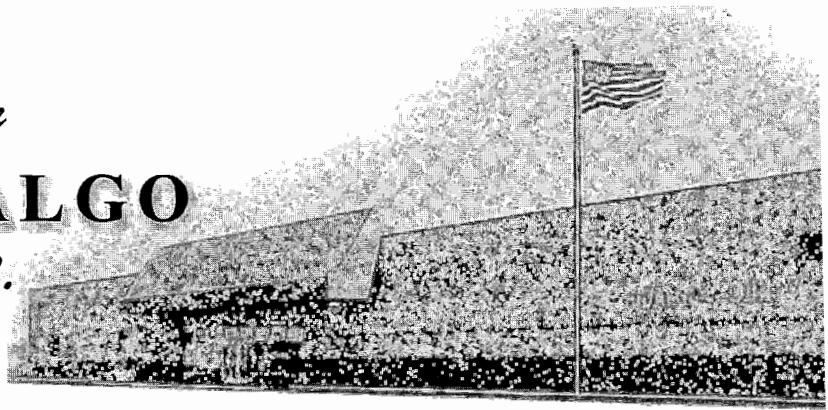


Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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

October 16, 2024

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

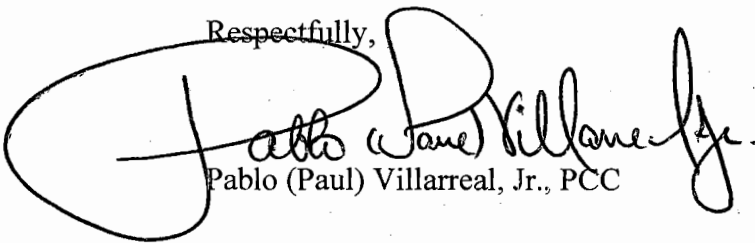
Re: See attached list

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.

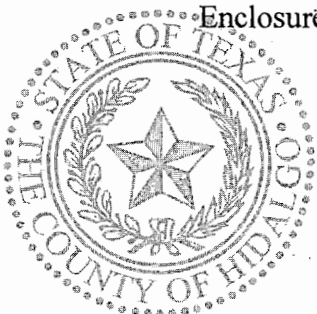
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

JT

Enclosure

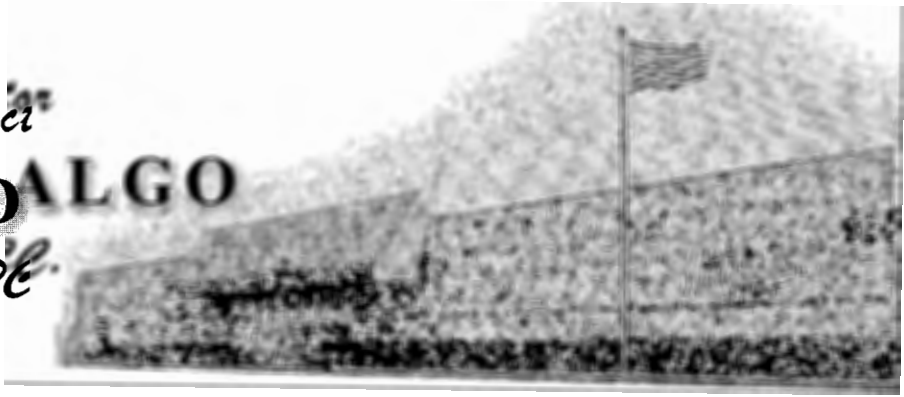


2804 S. Bus. Hwy 281 • Edinburg, TX 78539

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ACCOUNT NUMBER	PAYER	AMOUNT
H0850.00.003.0030.00	ANGEL WEYER	\$14,320.69
H0850.00.003.0030.00	ANGEL WEYER OR AMERICAN COMMERCIAL BANK	\$27,309.71
J5700.00.014.0008.00	RIO FRESH	\$5,128.50
S6430.00.000.0080.00	LAZARO TREVINO	\$2,573.80



APPROVED BY: *Alejandro Torres*  
 DATE: 9/12/2024 *KE* 09/24/24 10/6/24

**APPLICATION FOR TAX REFUND**

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

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

Step 1: Owner's name and address	Owner's name <b>ABASTO CORP (PD BY: ANGEL WEYER)</b>
	Present mailing address (number and street) <b>2501 W MILITARY HWY STE F1</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78503-8939</b>
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): <b>C.E. HAMMOND E16.79AC-AN IRR TR-LOT 30</b>
	<b>BLK 3 16.79AC NET</b>
	Address or location of property: <b>6201 S.23RD ST MCALLEN, TX 78503-185532</b>
	Account number of property: <b>H0850.00:003.0030.00</b> OR <b>54864446</b> Tax receipt number:

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2023	12/18	2023	\$ 14320.69
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 14320.69

Taxpayer's reason for refund (attach supporting documentation): <b>PAYER PAID ON INCORRECT ACCT.</b>
<b>(REQUESTING \$5,239.83 APPLIED TO CORRECT ACCT (HCAD #1466931), AND \$9080.86 REFUNDED BACK TO PAYER.)</b>
<b>JG</b>

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."
	sign here <i>Dawna Mathews</i> ✓ Date of application for tax refund: <b>8/23/24</b> ✓ If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	sign here <i>[Signature]</i> Authorized officer Date: <b>10/11/2024</b>
	sign here <i>[Signature]</i> 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) Date: <b>9/3/24</b> ✓

**APPLICATION FOR TAX REFUND**

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

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

**Step 1:**  
**Owner's name and address**  
 Owner's name:  **ABASTO CORP (PD BY: ANGEL WEYER OR AMERICAN COMMERCIAL BANK) ✓**  
 Present mailing address (number and street): **2501 W MILITARY HWY STE F1**  
 City, town or post office, state, ZIP code: **MCALLEN, TX 78503-8939** Phone (area code and number):

**Step 2:**  
**Describe the property**  
 Legal description (or attach copy of the tax bill or tax receipt): **C.E. HAMMOND E16.79AC-AN IRR TR-LOT 30**  
**BLK 3 16.79AC-NET**  
 Address or location of property: **6201 S 23RD ST MCALLEN, TX 78503**  
**185532 ✓**  
 Account number of property: **H0850.00.003.0030.00 ✓** Tax receipt number: **OR 52202855**

**Step 3:**  
**Give the tax payment information**

Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1. ALL ENTITIES	2022 ✓	01/05 / 2023	\$ 27,309.71	\$ 27,309.71 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 27,309.71 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON INCORRECT ACCT.**  
**REQUESTING REFUND OF \$27,309.71 ✓**  
**(JG)**

**Step 4:**  
**sign the form**  
 "I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."  
 sign here: Signature *Dawna Mathews ✓* Date of application for tax refund: **8/23/24 ✓**  
 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.

**Step 5:**  
**Tax refund Determination**  
 This tax refund is  Approved  Disapproved  
 sign here: Authorized officer: *[Signature]* Date: **10/11/2024**  
 sign here: Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code): *[Signature]* Date: **9/3/24 ✓**

File



**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: 02/08/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. 10/6/24

DATE: 9/6/2024 KE 09/23/24

RIO FRESH  $\phi$   
OPERATING ACCOUNT  $\checkmark$   
PO BOX 1619  
SAN JUAN TX 78589

Account Number J5700-00-014-0008-00 $\phi$
HCAD No. 200373 $\checkmark \phi \checkmark$
Legal Description of the Property JOHN CLOSNER LOT 8 LBK 14
E OF IRD
OWNER: RIO FRESH INC $\checkmark \phi$

2023 OVERAGE AMOUNT \$5,128.50  $\checkmark \phi \checkmark$

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 6: EMS DIST #4, 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>Rio Fresh, Inc. <math>\phi</math></u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>P.O. Box 1619</u>	Daytime Telephone Number <u>956-586-5263</u>
	City, State, Zip Code <u>San Juan, TX 78589</u>	Email Address: <u>christine@riofresh.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 <small>Attach copies of cancelled checks only if refund is over \$500.00</small>	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	<u>FOR TAX YEAR</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>Christine Morley <math>\checkmark \phi</math></u>	Date of application <u>8-9-24</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>10/11/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>8/23/24</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: 04/24/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *up* 10/6/24

DATE: 9/17/2024 *KE* 09/23/24

**LAZARO TREVINO** *φ*  
**823 POST OAK DR** *✓*  
**ALAMO, TX 78516**

Account Number  
 S6430-00-000-0080-00 *φ*  
 HCAD No. 594055 *✓✓*

Legal Description of the Property  
 STONE OAK LOT 80 *✓*

823 POST OAK DR

OWNER: TREVINO LAZARO *φ✓*

2023 OVERAGE AMOUNT \$2,573.80 *φ✓*

Loan #: MD101823

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

**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>Lazaro Trevino</u> <i>φ</i>		Relationship to Property Owner	<u>owner</u>
	Mailing Address	<u>823 Post Oak DR.</u>		Daytime Telephone Number	<u>(956) 756 7105</u>
	City, State, Zip Code	<u>Alamo Tx 78516</u>		Email Address:	<u>lazaretrevino0@icloud.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>2022</u> and am the party entitled to the refund.				
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/>	Overpaid the account			
	<input checked="" type="checkbox"/>	Duplicate payment <u>taxes where included in base payment</u>			
	<input type="checkbox"/>	Paid in error (explain) <u>loan service paid, &amp; I did 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	<u>\$ 2,573.80</u>			
	Total tax, penalty, and interest amount owed for the year				
	Amount of refund claimed	<u>\$ 2,573.80</u>			
Step 5: How should the refund be processed?	<input checked="" 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> <i>φ</i>		Date of application <u>8/24/24</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> <i>φ</i>	Date: <u>10/11/2024</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i> <i>φ</i>	Date: <u>9/3/24</u>	

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

*cc payment*