

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

November 22, 2024

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

Re: See attached list

Commissioners Court:

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

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

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

KGR

Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
A1800.00.048.0012.08	CORELOGIC	\$5,147.46
F2445.00.000.0009.00	ARTURO VIZCAINO	\$2,600.00
H1500.00.003.0008.00	CORELOGIC	\$3,435.91





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: 09/27/2024

CORELOGIC
 3001 HACKBERRY RD ✓
 WESTERN REGION SERVICE CENTER - DFW 4-5
 IRVING , TX 75063-0115

Account Number A1800-00-048-0012-08 ✕ HCAD No. 518034 ✕ ✓ ✓
Legal Description of the Property ALAMO LAND & SUGAR CO W1.10AC FOR IMPS S165'-W660' LOT 12 BLK 48 2.50AC GR 2.35AC NET 1700 N ALAMO RD ✕ ✓ OWNER: LOPEZ PRECILLANO & MARIA DALIA CO-TRUS ✕ ✓ ✓

2021 OVERAGE AMOUNT \$5,147.46 ✕ ✓

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 must be approved for refunds in excess of \$500. Please allow 60 days for approval.

CoreLogic Tax Service
 P.O. Box 9202
 Coppell, TX 75019
 (800) 229-8426
RefundsClientEscalations.TAX@corelogic.com

Step 1: Identify the Payer requesting the refund if different than shown above	Name	
	Mailing Address	
	City, State, Zip Code	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2021</u> ✕ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Stanley</u> ✕	Date of application <u>10-01-24</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>11/18/2024</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✕ Date: <u>10/15/24</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: 09/20/2024

ARTURO VIZCAINO ϕ ✓
 2201 FRIDAY APT 2
 PHARR, TX 78577

Account Number F2445-00-000-0009-00 ϕ HCAD No. 693248 ϕ ✓ ✓
Legal Description of the Property FERGUSON PARADISE ESTATES LOT 9 ✓ 2201 FRIDAY AVE ϕ ✓ OWNER: BURGESS SANDRA L ϕ ✓ ✓

2023 OVERAGE AMOUNT ~~\$2,600.00~~ ϕ ✓ ✓

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	Arturo Vizcaino JR ϕ	Relationship to Property Owner	OWNER
	Mailing Address	2201 Friday Apt 2 ϕ	Daytime Telephone Number	956-732-0100
	City, State, Zip Code	Pharr Tx 78577	Email Address:	arturovizcaino1999@gmail.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> ϕ 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)			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$2,1665.00		
	Total tax, penalty, and interest amount owed for the year			
	Amount of refund claimed			
Step 5: How should the refund be processed?	Mail to Property Owner	✓		
	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	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 ϕ ✓ ✓	Date of application		
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: 11/18/2024
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 10/10/2024 ϕ

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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: E.L. 10/6/24	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	DATE: 9/30/2024 KE 10/01/24	
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 CADWELL NORMA A & STEVEN MICHAEL ✓
	Present mailing address (number and street) 2828 NORTH 28TH ST
	City, town or post office, state, ZIP code MCALLEN, TX 78501-1611

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HARVEY TERRACE LOT 8 BLK 3**

Step 2: Describe the property	Address or location of property: 2828 N 28TH ST
	187335 ✓ ✕ ✓
	Account number of property: H1500.00.003.0008.00 ✕
	Tax receipt number: 56752188 54856939

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	\$ 3435.91
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3435.91 ✕

Taxpayer's reason for refund (attach supporting documentation):

CERTIFIED OWNER CLAIMS HE IS REPOSNSIBLE FOR HIS OWN TAXES AND HAS NO AFFILIATIONS WITH CORELOGIC. ✓

CORELOGIC HAS REQUESTED REFUND. ✓

EM

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 Stanley ✓ ✕	Date of application for tax refund 9/5/24

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	
	Authorized officer [Signature]	Date 11/18/2024
	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) [Signature] ✕	Date 9/13/24