

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

January 27, 2025

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

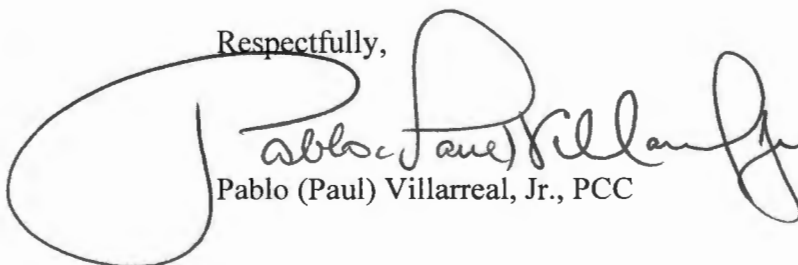
Re: See attached list

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

VR

Enclosure



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

A1#98190

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

ACCOUNT NUMBER	PAYER	AMOUNT
H2080.02.000.0026.00	EDUARDO BERMEJO HERRERA	\$6,240.00
K2400.00.000.0389.54	JOSE C OR ESTELLA HERNANDEZ	\$2,843.49
V4356-99-000-0001-02	INCEPTION FERTILITY	\$6,279.70



AI# 98190



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: 10/10/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres
 DATE: 1/7/2025 KR 01/08/25 1/23/25

HCTO
EDUARDO BERMEJO HERRERA
 3500 N. 31ST. ST.
 MCALLEN, TX 78501

Account Number H2080-02-000-0026-00	✓
HCAD No. 710341	✓ ✓
Legal Description of the Property HERITAGE PARK UT 2 LOT 26	
1303 E 29TH ST	✓
OWNER: SANCHEZ RAUL G & SUSANA I CHAPA	✓ ✓
2023 OVERAGE AMOUNT	\$6,240.00 ✓

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 _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account <u>H2080 02 000 002600</u> for tax year <u>2024</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 *	Date of application <u>12/04/24</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>1/24/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>12/16/24</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 11/01/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Aljandra Torres
 DATE: 1/06/2024 KR 01/08/25 1/23/25

JOSE C. OR ESTELLA HERNANDEZ ✓
 309 W HOUSTON AVE ✓
 MCALLEN, TX 78501

Account Number K2400-00-000-0389-54 ✓ HCAD No. 203462 ✓✓
Legal Description of the Property KELLY PHARR TRACT S1.0AC FOR IMPS-E146.67'-S660' LOT 389 1.0AC W MILITARY HWY 281
OWNER: HERNANDEZ JOSE ✓
2024 OVERAGE AMOUNT \$2,843.49 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 33: CITY OF PHARR, 52: VALLEY VIEW 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>Estella Hernandez</u> ✓	Relationship to Property Owner <u>Spouse</u>
	Mailing Address <u>309 W. Houston Ave. McAllen, Tx. 78501</u>	Daytime Telephone Number <u>956-739-5591</u>
	City, State, Zip Code <u>Mc Allen, Tx. 78501</u>	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>Estella Hernandez</u> and am the party entitled to the refund. year <u>2024</u>	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>I was charged for someone else's taxes from Weslaco along</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>\$ 3,563.07</u>
	Total tax, penalty, and interest amount owed for the year	<u>- 0 -</u>
	Amount of refund claimed	<u>\$ 2,843.49</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	<u>*NS refers to Jose Hernandez</u>
	<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>Estella Hernandez</u> ✓	Date of application <u>11-16-2024</u> ✓
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Date: <u>1/24/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✓ Date: <u>12/16/24</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: 07/16/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres
 DATE: 1/7/2025 KR 01/08/25 1/23/25

INCEPTION FERTILITY
 5000 MERIDIAN BLVD
 SUITE 250
 FRANKLIN, TN 37067

Account Number V4356-99-000-0001-02 ✓
HCAD No. 1232755 ✓ ✓
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 5300 N MCCOLL RD STE 200 / NEW ACCT 2019
5300 N MCCOLL RD STE 200 78204 ✓
OWNER: ASSURE FERTILITY PARTNERS OF MCALLEN ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #11 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
 2023 OVERAGE AMOUNT \$6,279.70 ✓
 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 5000 MERIDIAN BLVD STE 250	Daytime Telephone Number (815) 603-3375
	City, State, Zip Code FRANKLIN, TN 37067	Email Address: dbutler@inceptionllc.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	\$ 11,185.32
	Total tax, penalty, and interest amount owed for the year	\$ 4,905.42
	Amount of refund claimed	\$ 6,279.70
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 ✓	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Daniel Butler</u> ✓	Date of application <u>12/4/2024</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>1/25/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>12/16/24</u>

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