

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)

March 19, 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

JT

Enclosure



Office of Tax Assessor-Collector

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ACCOUNT NUMBER	PAYER	AMOUNT
J7650.02.000.005C.00	CINEMARK USA	\$36,580.87
T0803.01.000.0017.00	GABRIEL C MADRID	\$7,300.00
V4356.99.000.0001.02	INCEPTION FERTILITY	\$6,984.59





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

**RECEIVED**  
 01/22/2025

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: Jake Solis 3/11/25  
 DATE: 03/04/25 KR 03/04/25

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

Print Date: 12/19/2024

**CINEMARK USA** ✓  
 3900 DALLAS PKWY  
 PLANO, TX 75093

<b>Account Number</b> J7650-02-000-005C-00 ✓ HCAD No. 537629 ✓
<b>Legal Description of the Property</b> JONES-DAVIS-HARREN UT NO. 2 LOT 5-C ✓ 2113 W EXPRWY 83 ✓
OWNER: CINEMARK USA INC ✓

**2023 OVERAGE AMOUNT \$36,580.87** ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS-ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

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

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Angela Pineda</u> ✓	Relationship to Property Owner <u>employee</u> ✓
	Mailing Address <u>3900 Dallas Parkway</u>	Daytime Telephone Number <u>972-665-1013</u>
	City, State, Zip Code <u>Plano TX 75093</u>	Email Address: <u>apineda@Cinemark.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> ✓ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account ✓ <u>Received a refund after taxes were paid</u>	
	<input type="checkbox"/> Duplicate payment	<u>*No refunds have been issued out as of 03/04/25</u>
	<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>114,833.83</u> ✓
	Total tax, penalty, and interest amount owed for the year:	<u>78,252.96</u>
	Amount of refund claimed:	<u>36,580.87</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>[Signature]</u> ✓	Date of application <u>1-6-2025</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>3/18/2025</u>
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>1/22/25</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: 09/03/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alexandro Torres  
 DATE: 3/4/2025 RE 03/04/25 3/11/25

**GABRIEL C MADRID**  
 11823 BARKSTON DR  
 SAN ANTONIO, TX 78253

HCTO

Account Number T0803-01-000-0017-00 $\phi$
HCAD No. 707764 $\phi$ $\checkmark$
Legal Description of the Property TANGLEWOOD AT BENTSEN PALM PH 1 LOT 17
1907 BUNTING LN $\checkmark$ Parcel address
OWNER: MADRID GABRIEL C & REYNA E $\phi$ $\checkmark$
2023 OVERAGE AMOUNT \$7,300.00 $\checkmark$ $\checkmark$

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_  $\phi$

**APPLICATION FOR PROPERTY TAX REFUND**

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Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Gabriel C. Madrid</u> $\checkmark$	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>1907 Bunting Ln</u>	Daytime Telephone Number <u>(760) 819-2296</u>
	City, State, Zip Code <u>MISSION TX 78572</u>	Email Address: <u>gncmadrid@gmail.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> $\checkmark$ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	Overpaid the account <u>to apply for 2024</u> $\phi$	
	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 <u>7,300.00</u> $\checkmark$	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed <u>7,300</u>	
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 <u>T0803010000001700</u> For tax year <u>2024</u>	
	Escrow for next year's taxes <u>2024 taxes</u> $\phi$	
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> $\phi$	Date of application: <u>12-27-24</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>3/11/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>1/3/25</u> $\phi$

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

RECEIVED  
01/15/2025

HIDALGO COUNTY AUDITOR'S OFFICE  
APPROVED BY: Jake Solidy 3/11/25  
DATE: 03/04/25 KR 03/04/25



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

HIDALGO COUNTY AUDITOR'S OFFICE

Phone No.: (956) 318-2157  
Fax No.: 956-318-2733  
Print Date: 05/03/2023

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

INCEPTION FERTILITY ✓  
5000 MERIDIAN BLVD ✓  
SUITE 250  
FRANKLIN, TN 37067-0006

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 78504 ✓✓
OWNER: ASSURE FERTILITY PARTNERS OF MCALLEN ✓✓

2022 OVERAGE AMOUNT \$6,984.59 ✓✓

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

Loan #:

APPLICATION FOR PROPERTY TAX REFUND

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Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address 5000 MERIDIAN BLVD, STE 250 City, State, Zip Code FRANKLIN, TN 37067	Daytime Telephone Number (865) 603-3375 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 2022 ✓ 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	\$ 11,802.60 ✓
	Total tax, penalty, and interest amount owed for the year	\$ 4,818.01
	Amount of refund claimed	\$ 6,984.59 ✓
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 12/4/2024 ✓
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: 3/18/2025
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: 3/15/25 ✓

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