

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)

April 7, 2025

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

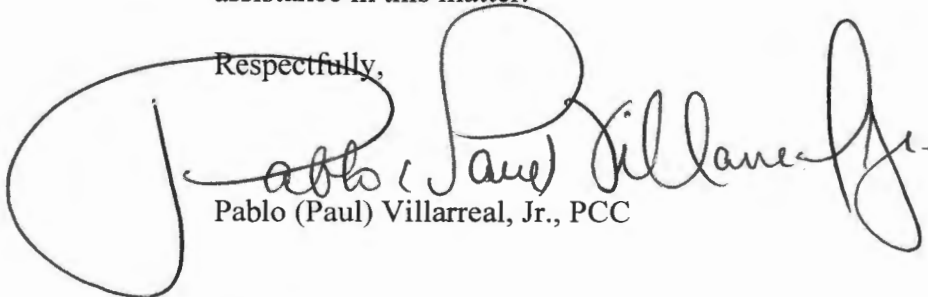
Re: See attached list

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



Office of Tax Assessor-Collector

# COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
I2057.99.000.0010.00	MCALLEN SURGERY CENTER	\$3,027.93
M0710.00.000.0104.00	NAIM ANTONIO TRAD	\$2,561.34
V0123.00.000.0053.00	LONE STAR NATIONAL BANK	\$2,965.47



RECEIVED  
03/21/2025

HIDALGO COUNTY AUDITOR'S OFFICE  
APPROVED BY: Jake Solis 4/15/25  
DATE: 04/02/25 KE 04/09/25



PABLO (PAUL) VILLARREAL JR., PCC HIDALGO COUNTY AUDITOR'S OFFICE Phone No.: (956) 318-2157  
Hidalgo County Tax Assessor - Collector Fax No.: 956-318-2733  
PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 03/03/2025

MCALLEN SURGERY CENTER ✓  
PO BOX 1504 ✓  
NASHVILLE, TN 37202 ✓

Account Number  
I2057-99-000-0010-00 ✓  
HCAD No. 1567869 ✓  
Legal Description of the Property  
SUPPLIES FURNITURE FIXTURES & EQUIPMENT  
AT 4211 N JACKSON RD STE 100 / NEW ACCT  
2024  
4211 N JACKSON RD STE 100 78504 ✓  
OWNER: MCALLEN SURGERY CENTER ✓✓

2024 OVERAGE AMOUNT \$3,027.93 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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 <input checked="" type="checkbox"/> HCA Management Services LP	Relationship to Property Owner Tax Payer
	Mailing Address PO Box 1504	Daytime Telephone Number 615-344-1556
	City, State, Zip Code Nashville TN 37202 Email Address: Coleman.Scott@HCAhealthcare.com	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2024 ✓ 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	33,307.22 ✓
	Total tax, penalty, and interest amount owed for the year	30,279.29 ✓
	Amount of refund claimed	3,027.93 ✓
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>Scott</u> ✓	Date of application 3/3/2025 ✓
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: 4/16/2025
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Jane</u> ✓ Date: 3/19/25 ✓

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

**RECEIVED**  
 03/21/2025

HIDALGO COUNTY AUDITORS OFFICE

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: Jake Solis 4/15/25  
 DATE: 04/04/25 KR 04/09/25

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

Print Date: 02/03/2025

**ANTONIO TRAD ✓**  
**YOLANDAN DE TRAD ✓**  
 2408 S COL ROWE BLVD ✓  
 MCALLEN, TX 78503

Account Number  
 M0710-00-000-0104-00 ✓  
 HCAD No. 549577 ✓✓  
 Legal Description of the Property  
 MANSION DEL SOL CONDOMINIUMS UNIT 104 ✓  
 3300 S 2ND ST APT-104  
 OWNER: NAIM ANTONIO TRAD ✓✓

2024 OVERAGE AMOUNT \$2,561.34 ✓✓

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	YOLANDA N. de TRAD ✓	Relationship to Property Owner	Mother ✓
	Mailing Address	2408 S. Col Rowe Blvd.	Daytime Telephone Number	956-566-9710
	City, State, Zip Code	McAllen, TX 78503	Email Address:	ytradn@sbcglobal.net
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2024 ✓ 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	\$ 6,237.31		
	Total tax, penalty, and interest amount owed for the year	0		
	Amount of refund claimed	\$ 3,118.55 ✓		
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 ✓			
	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	Yolanda N de Trad ✓	Date of application	3/13/25 ✓
	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: 4/16/2025
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: 3/19/25 ✓

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: 12/27/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 3/12/25 LV

DATE: KR 03/14/25 3/22/25

LONE STAR NATIONAL BANK ✓  
 612 WEST NOLANA SUITE 100 ✓  
 MCALLEN, TX 78504

Account Number V0123-00-000-0053-00 ✓ HCAD No. 686190 ✓ ✓
Legal Description of the Property VIP EAST LOT 53  1107 SOL CIR ✓
OWNER: CAZARES MARIA CONSUELO ✓ ✓

2024 OVERAGE AMOUNT \$2,965.47 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 43: PHARR, SAN JUAN, ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 400113110400137

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>2024</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	<u>\$4,922.90</u>
	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>Jesset Garza</u> ✓	Date of application <u>1/17/25</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>3/24/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>1/27/25</u>

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