

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)

May 22, 2025

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

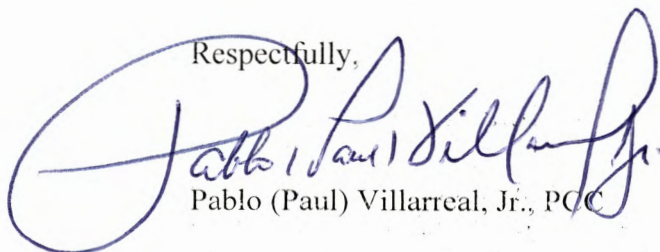
Re: See attached list

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

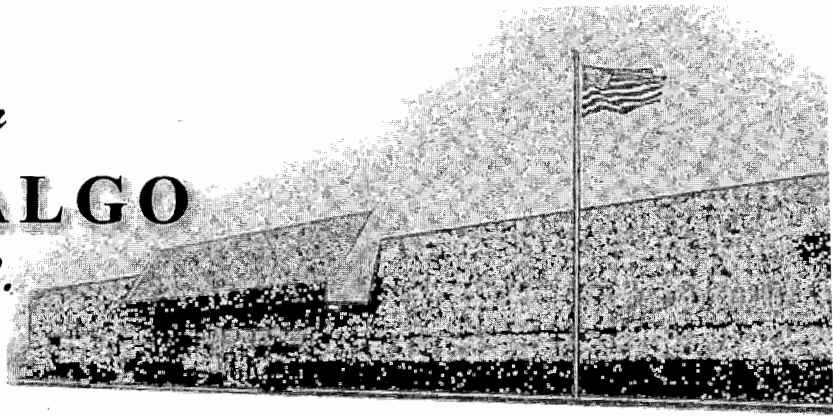
Enclosure



Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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Ph. (956) 318-2157  
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| ACCOUNT NUMBER       | PAYER                        | AMOUNT       |
|----------------------|------------------------------|--------------|
| C6750.00.002.0012.00 | MICHAEL J OR MARY JANE KELLY | \$2,756.29   |
| C9800.00.001.0001.00 | MIGUEL A DE LOS SANTOS       | \$3,966.64   |
| F5100.00.000.0009.07 | MARK SALINAS                 | \$3,768.55   |
| M4670.00.000.0015.00 | MARLON PEREZ                 | \$6,387.20   |
| P7475.00.000.001B.00 | LOWE'S                       | \$176,111.71 |
| U2000.00.000.0023.00 | VALLEY LAND TITLE COMPANY    | \$3,001.00   |
| W3800.99.767.0000.01 | J-III CONCRETE CO INC        | \$5,692.41   |



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

RECEIVED  
03/28/2025



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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Jake Solis* 5/19/25

DATE: 04/17/25 KR 04/24/25 Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/10/2025

MICHAEL J OR MARY JANE KELLY ✓  
1002 7<sup>TH</sup> TEE VISTA ✓  
SAN ANTONIO, TX 78221

|   |
|---|
| Account Number<br>C6750-00-002-0012-00 ✓<br>HCAD No. 150424 ✓ ✓                       |
| Legal Description of the Property<br>COLONIA DEL NORTE LOT 12 BLK 2<br>2539 IVY AVE ✓ |
| OWNER: KELLY MARY CASTRO ✓ ✓  |

2024 OVERAGE AMOUNT \$2,756.29 ✓

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<br><i>MARY JANE C. KELLY</i> ✓   | Relationship to Property Owner<br><i>SELF</i>   |
|   | Mailing Address<br><i>1002 7th TEE VISTA</i>  | Daytime Telephone Number<br><i>210-317-0274</i> |
|   | City, State, Zip Code<br><i>SAN ANTONIO, TX 78221</i>   | Email Address:<br><i>mjk11@me.com</i>           |
| Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.  | I paid the taxes for year <i>2024</i> 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<br>Attach copies of cancelled checks only if refund is over \$500.00  | Total amount paid by this taxpayer  | <i>3,290.45</i>                                 |
|   | Total tax, penalty, and interest amount owed for the year   | <i>534.16</i>                                   |
|   | Amount of refund claimed  | <i>2,756.29</i>                                 |
| 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.<br>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<br><i>Mary Jane Kelly</i> ✓   | Date of application<br><i>02/22/25</i> ✓        |
|   | 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> Date: <i>5/21/2025</i>   |
| TAX OFFICE USE ONLY:  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <i>[Signature]</i> Date: <i>3/27/25</i> ✓   |

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: 03/12/2025

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *up* 5/19/25

DATE: 4/17/2025 *KR* 04/22/25

**MIGUEL A DE LOS SANTOS**  
 3501 LAGO WASHINGTON  
 EDINBURG, TX 78542

*No, this was paid from Escrow Home Star National Bank*

|                                   |   |
|-----------------------------------|---|
| Account Number                    | C9800-00-001-0001-00 ✗  |
| HCAD No.                          | 156465 ✓ ✗  |
| Legal Description of the Property | R. B. CURRY SURVEY 1, 2, 3 & 4 LOT 1<br>EXC E1.74AC-Lot 2 BLK 1 10.89AC GR<br>10.50 |
|                                   | 5109 E HWY 107 ✓  |
| OWNER:                            | LA FLECHA RANCH LTD ✓ ✗   |

2024 OVERAGE AMOUNT \$3,966.64 ✓ ✗

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG 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 <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 type="checkbox"/>  | Overpaid the account   |
|   | <input checked="" type="checkbox"/>   | Duplicate payment <i>FOR 123 DAVIS Rd. La Flecha Ranch Please see Chase # 3293 duplicate pmts.</i> |
|   | <input type="checkbox"/>  | Paid in error (explain)  |
| Step 4: Provide payment information<br>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 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.<br>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>Miguel de los Santos</i> ✓ ✗   | Date of application <u>3-21-2025</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: <i>[Signature]</i> Date: <u>5/21/2025</u>  |
| TAX OFFICE USE ONLY:  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <i>[Signature]</i> Date: <u>3/31/25</u>  |

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 5/19/25

DATE: 04/21/25 KR 04/24/25



**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: 02/25/2025

**RECEIVED**  
03/21/2025

HIDALGO COUNTY AUDITOR'S OFFICE

MARK SALINAS ✓  
PO BOX 885 ✓  
EDCOUCH, TX 78538

|   |
|---|
| <b>Account Number</b><br>F5100-00-000-0009-07 ✓<br>HCAD No. 546883 ✓  |
| <b>Legal Description of the Property</b><br>CYNTHIA FORD E70'-W100'-S100'-N200' LOT<br>9 0.16AC NET<br><br>NIXON ST ✓<br><br>OWNER: SALINAS MARTIN & CONSUELO ✓ |

2024 OVERAGE AMOUNT \$3,768.55 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 24: CITY OF EDCOUCH, 42: EDCOUCH-ELSA 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

|   |   |  |  |
|---|---|--|--|
| <b>Step 1: Identify the Payer</b><br>requesting the refund if<br>different than shown above   | Name <u>Mark Salinas</u> ✓  | Relationship to Property Owner<br><u>SON</u> |  |
|   | Mailing Address <u>P.O. Box 885</u>   | Daytime Telephone Number <u>956-272-5609</u> |  |
|   | City, State, Zip Code <u>Edcouch Tx</u>   | Email Address:                               |  |
| <b>Step 2: Refunds are only issued</b><br>to party that paid taxes. Affirm<br>that you are the payer.   | I paid the taxes for year <u>2024</u> ✓ and am the party entitled to the refund.  |  |  |
| <b>Step 3: Mark the reason for the</b><br>refund and provide a brief<br>explanation   | <input type="checkbox"/> Overpaid the account   |  |  |
|   | <input type="checkbox"/> Duplicate payment  |  |  |
|   | <input checked="" type="checkbox"/> Paid in error (explain) <u>Payment went in to wrong account</u>   |  |  |
| <b>Step 4: Provide payment</b><br>information<br>Attach copies of cancelled<br>checks only if refund is over<br>\$500.00  | Total amount paid by this taxpayer  |  |  |
|   | Total tax, penalty, and interest amount owed for the year   |  |  |
|   | Amount of refund claimed  |  |  |
| <b>Step 5: How should the refund</b><br>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 <u>2024</u> ✓   |  |  |
|   | <input type="checkbox"/> Escrow for next year's taxes   |  |  |
| <b>Step 6: Sign the application</b><br>form. Unsigned applications will<br>not be processed.<br>Please allow 60 days from the<br>time this application is returned<br>to the tax office for the refund to<br>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<br>HERE <u>Mark Salinas</u> ✓  | Date of application<br><u>2-27-2025</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: _____ Date: <u>5/21/2025</u>             |  |
| TAX OFFICE USE ONLY:  | <input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied  | By: _____ Date: <u>3/19/25</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@HIDALGOCOUNTYTX.ORG

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

Print Date: 02/27/2025

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: E.L. *5/19/25*  
 DATE: 4/21/2025 *KR 04/22/25*

**SUBMIT**

**MARLON PEREZ**  
 7140 SW 133RD LN  
 OCALA, FL 34473

Account Number  
 M4670-00-000-0015-00  
 HCAD No. 1307991  
 Legal Description of the Property  
 MINNESOTA HILLS LOT 15  
 5519 N CHULA VISTA ST

OWNER: PEREZ MARLON & MIRMA TALAVERA

2024 OVERAGE AMOUNT ~~\$6,387.20~~ *\$6,546.88*

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: <u>Marlon Perez + Mirma Talavera</u><br>Mailing Address: <u>5519 N. Chula Vista St</u><br>City, State, Zip Code: <u>Pharr Texas 78577</u>   | Relationship to Property Owner<br>Daytime Telephone Number: <u>917-519-8139</u><br>Email Address: <u>Mh65Perez@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>2024</u> <i>two times</i> 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<br><input checked="" type="checkbox"/> Duplicate payment<br><input type="checkbox"/> Paid in error (explain)  |  |
| Step 4: Provide payment information<br>Attach copies of cancelled checks only if refund is over \$500.00   | Total amount paid by this taxpayer: <u>\$6,546.88 and \$6,387.20</u><br>Total tax, penalty, and interest amount owed for the year:<br>Amount of refund claimed: <u>\$6,546.88</u>   |  |
| Step 5: How should the refund be processed?  | <input checked="" type="checkbox"/> Mail to Property Owner: <u>7140 SW 133rd Lane, Ocala Florida 34473</u><br><input type="checkbox"/> Mail to Payer at address in Step 1<br><input type="checkbox"/> Transfer this amount to account For tax year<br><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<br>SIGN HERE: <u>Marlon Perez + Mirma Talavera</u><br>Date of application: <u>March 3, 2025</u><br>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>5/21/2025</u>  |  |
| TAX OFFICE USE ONLY:   | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>3/31/25</u>  |  |

APPROVED BY: *Alexandro Torres*

DATE: 4/16/2025 *KR* 04/24/25 5/16/25

**APPLICATION FOR TAX REFUND**

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

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

|                                     |  |
|-------------------------------------|--|
| Step 1:<br>Owner's name and address | Owner's name<br><b>LOWE'S HOME CENERS INC (PAID BY: LOWE'S) ✓</b>          |
|                                     | Present mailing address (number and street)<br><b>1000 LOWE'S BLVD ✓</b>   |
|                                     | City, town or post office, state, ZIP code<br><b>MOORESVILLE, NC 28117</b> |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PLAZA LAS FUENTES LOT 1B ✓**

Step 2:  
Describe the property

Address or location of property: **5700 N 10<sup>TH</sup> ST**

**726296 ✓**

Account number of property:

Tax receipt number:

**P7475.00.000.001B.00 ✓**

OR

**58785201**

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. 8002 S/B 8001 OVERPAYMENT                       | 2024 ✓                             | 01/17 / 2025            | \$ 176,111.71        | \$ 176,111.71 ✓                |
| 2.   |                                    | /                       | \$                   | \$                             |
| 3.   |                                    | /                       | \$                   | \$                             |
| 4.   |                                    | /                       | \$                   | \$                             |
| 5. TOTAL   |                                    | /                       | \$                   | \$ 176,111.71 ✓                |

Taxpayer's reason for refund (attach supporting documentation): **8002 S/B 8001 OVERPAYMENT**

**KGR**

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]* ✓

Date of application for tax refund

**3/25/25**

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.

Step 5:  
Tax refund Determination

This tax refund is  Approved  Disapproved

sign here *[Signature]* Authorized officer

Date  
**5/21/2025**

sign here *[Signature]* Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.16, tax code)

Date  
**4/2/25**



**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: 12/17/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. 5/19/25  
 DATE: 4/21/2025 KR 04/22/25

**VALLEY LAND TITLE COMPANY** ✕  
**ESCROW ACCOUNT** ✓  
**1514 E. GRIFFIN PARKWAY**  
**MISSION, TX 78572**

|  |
|--|
| <b>Account Number</b><br>U2000-00-000-0023-00 ✕<br>HCAD No. 310929 ✓ ✕ ✓                       |
| <b>Legal Description of the Property</b><br>UNIVERSITY TERRACE LOT 23 & 24<br>402 GASTEL CIR ✓ |
| <b>OWNER:</b> VISTAMAR I LLC ✕ ✓   |

2024 OVERAGE AMOUNT \$3,001.00 ✕ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE  
 Loan #: GF188280

**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<br><u>Valley Land Title Co.</u> ✕  | Relationship to Property Owner<br><u>Title Company</u> |
|  | Mailing Address<br><u>1514 E. Griffin Pkwy</u>  | Daytime Telephone Number<br><u>956-519-2131</u>        |
|  | City, State, Zip Code<br><u>MISSION, TX 78572</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>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<br>Attach copies of cancelled checks only if refund is over \$500.00   | Total amount paid by this taxpayer  | <u>36,658.72</u>                                       |
|  | Total tax, penalty, and interest amount owed for the year   | <u>0</u>   |
|  | Amount of refund claimed  | <u>\$3,001.00</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  |  |
|  | <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<br><u>[Signature]</u> ✕   | Date of application<br><u>3/24/25</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>5/21/2025</u>          |
| TAX OFFICE USE ONLY:   | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  | By: <u>[Signature]</u> Date: <u>3/31/25</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: 02/07/2025

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Francisco Saenz 5/19/25  
 DATE: 4/30/2025 KR 05/09/25

**J-III CONCRETE CO INC**  
**OPERATING ACCOUNT**  
 1900 E 28TH ST  
 WESLACO, TX 78596

|  |
|--|
| <b>Account Number</b><br>W3800-99-767-0000-01<br>HCAD No. 575174   |
| <b>Legal Description of the Property</b><br>INVENTORY SUPPLIES MACHINERY FURNITURE<br>FIXTURES EQUIPMENT & VEHICLES AT 1.2<br>MILE EAST MILE FIVE NORTH ROAD /NEW<br>ACCT 1998 |
| 1911 E MILE 5 N & BABB DR 78596<br>OWNER: J-III CONCRETE   |

2024 OVERAGE AMOUNT \$5,692.41

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 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  | J-III Concrete Co Inc           |                                | Relationship to Property Owner | owner                 |         |
|   | Mailing Address   | 1900 E 28th St                  |                                | Daytime Telephone Number       | (956) 9691578 Ext 102 |         |
|   | City, State, Zip Code   | Weslaco TX 78596                |                                | Email Address:                 | cccellar3@msn.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>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 <u>Check was made for more than the amount due</u>   |                                 |                                |                                |                       |         |
|   | <input type="checkbox"/> Duplicate payment  |                                 |                                |                                |                       |         |
|   | <input type="checkbox"/> Paid in error (explain)  |                                 |                                |                                |                       |         |
| Step 4: Provide payment information<br>Attach copies of cancelled checks only if refund is over \$500.00  | Total amount paid by this taxpayer  | \$ 43,946.74                    |                                |                                |                       |         |
|   | Total tax, penalty, and interest amount owed for the year   | \$ 38,274.33                    |                                |                                |                       |         |
|   | Amount of refund claimed  | \$ 5692.41                      |                                |                                |                       |         |
| 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.<br>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   | 4/14/25 |
|   | 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:                            | Date: 5/21/2025                |                       |         |
| TAX OFFICE USE ONLY:  | <input checked="" type="checkbox"/> Approved  | <input type="checkbox"/> Denied | By: <u>Paul Villarreal Jr.</u> | Date: <u>4/23/25</u>           |                       |         |

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