

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

June 9, 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

KGR

Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER	PAYER	AMOUNT
B1940.00.000.0002.00	CORELOGIC	\$7,862.27
E6290.00.000.0046.00	BACHOKI LLC	\$4,453.01
F1050.02.000.0016.00	ROBERT FOUNTILA MD	\$9,730.88
H2661.00.000.0006.00	JOSEPH A MULERO	\$6,108.91
L2099.02.000.0016.00	US BANK HOME MORTGAGE SERVICED BY CORELOGIC	\$2,745.93
M2350.99.001.0013.F1	FOOD SERVICE SYSTEMS LLC	\$5,236.86
S2352.93.000.0002.00	SEIVER IMPLEMENT COMPANY	\$2,698.02
S2755.02.000.0145.00	CORELOGIC TAX SERVICES LLC	\$2,830.02
S4260.00.000.0003.00	HUNTER-KELSEY OF TEXAS LLC	\$5,680.96
S6410.00.000.0010.00	RUBEN CANTU	\$4,669.15
T6266.01.000.0015.00	V.I.P. MORTGAGE INC	\$3,569.60
U0330.00.000.0013.00	E & S HOLDINGS UNION SQUARE- PH	\$4,638.83
U0330.00.000.0019.00	E & S HOLDINGS UNION SQUARE- PH	\$3,072.22
U0330.00.000.0029.00	E & S HOLDINGS UNION SQUARE- PH	\$5,103.84
W2300.00.00C.0014.00	EDUARDO CAVAZOS	\$3,420.00
W4290.02.000.0041.00	ERNIE ROSALEZ	\$3,282.61





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: 02/11/2025

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HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres
 DATE: 5/7/2025 KR 05/08/25 6/6/25

CORELOGIC
 3001 HACKBERRY RD
 WESTERN REGION SERVICE CENTER - DFW 4-5
 IRVING, TX 75063--015

Account Number B1940-00-000-0002-00 HCAD No. 1233662
Legal Description of the Property BAUTISTA ESTATES LOT 2 603 W CORPUS ST OWNER: LOZANO OSCAR & ROSIE

2024 OVERAGE AMOUNT \$7,862.27

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 #: 8194340552

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 CORELOGIC TAX SERVICES LLC	Relationship to Property Owner
	Mailing Address PO BOX 9202	Daytime Telephone Number 817-699-2106
	City, State, Zip Code COPELL TEXAS 75019	Email Address: shenshwetha@corelogic.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	
	<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>16,289,006.17</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>7862.27</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 <u>[Signature]</u>	Date of application <u>4/7/25</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>6/6/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>9/25/25</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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/17/2025

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *[Signature]* 5/21/25
 DATE: 5/5/2025 *KR* 05/05/25

BACHOKI LLC ✓
PO BOX 592591 ✓
SAN ANTONIO, TX 78259-0179

Account Number E6290-00-000-0046-00 ✓
HCAD No. 674063 ✓ ✓
Legal Description of the Property ENGLEMAN LOT 46 ✓
22039 N MILE 7 RD ✓
OWNER: BACHOKI LLC ✓ ✓

2024 OVERAGE AMOUNT \$4,453.01 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS.DIST #2, 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 <u>Bachoki LLC</u> ✓	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>P.O. Box 592591</u>	Daytime Telephone Number <u>210-573-4821</u>
	City, State, Zip Code <u>SA, TX 78259</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.
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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 checked="" type="checkbox"/> Paid in error (explain) <u>was already paid and paid again</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>\$4,453.01</u>
	Total tax, penalty, and interest amount owed for the year	<u>0.00</u>
	Amount of refund claimed	<u>\$4,453.01</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. 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>Amir Ali Muthani</u> ✓	Date of application
		<u>3-25-25</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: <i>[Signature]</i>	Date: <u>6/4/2025</u>
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TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <u>4/7/25</u>
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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: 02/11/2025

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. *up* 5/21/25
 DATE: 5/5/2025 *KR* 05/05/25

ROBERT FOUNTILA MD ✗
 3224 ROSE ELLEN DR ✓
 MCALLEN, TX 78503-1361

Account Number F1050-02-000-0016-00 ✗ HCAD No. 173381 ✗✓
Legal Description of the Property FAIRWAY GRANDE VILLAGE UT NO. 2 LOT 16 E ST GEORGE AVE ✓
OWNER: FOUNTILA ROBERT DR ✗✓
2024 OVERAGE AMOUNT \$9,730.88 ✗✓

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 <u>Robert Fountila</u> ✗	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>3224 Rose Ellen Dr</u>	Daytime Telephone Number <u>9563761243</u>
	City, State, Zip Code <u>McAllen, TX 78503</u>	Email Address: <u>robertfountila@aol.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> 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 <u>\$9,730.88</u> ✓	
Step 5: How should the refund be processed?	<input checked="" 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>Robert Fountila</u> ✗ Date of application <u>3-27-25</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: _____ Date: <u>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> ✗ Date: <u>4/7/25</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: 02/19/2025

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*
 DATE: 5/1/2025 *KR 05/05/25* 6/3/25

JOSEPH A MULERO
 900 HIDDEN HILLS ST #4
 MISSION, TX 78572 ✓

Account Number H2661-00-000-0006-00 ✕ HCAD No. 1561157 ✕✓✓
Legal Description of the Property HIDDEN HILLS ESTATE LOT 6 ✓ 900 HIDDEN HILLS ST ✕✓
OWNER: MULERO JOSEPH ALEXANDER ✕✓✓

2024 OVERAGE AMOUNT \$6,108.91 ✕✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 717520696

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: <i>(956) 342-2981</i>
	City, State, Zip Code	Email Address: <i>mulero1995@gmail.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 <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 - <i>Overpaid: \$6,108.91</i>	
	<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	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 <i>Joseph A Mulero</i> ✕✓	Date of application: <u>04/05/2025</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>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> ✕✓ Date: <u>4/14/25</u>

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	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	HIDALGO COUNTY AUDITOR'S OFFICE
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	APPROVED BY: E.L. yf 6/3/25 DATE: 5/7/2025 KR 05/08/25
	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 ALANIZ RAUL & LAURA MEJIA (PAID BY: US BANK HOME MORTGAGE SERVICED BY CORELOGIC TAX SERVICES LLC)		
	Present mailing address (number and street) 6503 N LA VILLITA ST		
	City, town or post office, state, ZIP code EDINBURG, TX 78542	Phone (area code and number)	

Legal description (or attach copy of the tax bill or tax receipt): **LA VILLITA ESTATES NO.2 LOT 16**

Step 2:	Describe the property		
	Address or location of property: 6503 N LA VILLITA ST		
	1464345		
	Account number of property:	Tax receipt number:	
	L2099.02.000.0016.00	OR	57823424

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	2024	11/27	\$ 2,745.93	\$ 2,745.93
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2,745.93

Taxpayer's reason for refund (attach supporting documentation): **PAYER, US BANK HOME MORTGAGE SERVICED BY CORELOGIC TAX SERVICES LLC, PAID INCORRECT PARCEL AND IS REQUESTING A REFUND. INTENDED PARCEL IS PAID IN FULL. 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 4/9/2025
	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.		

Step 5:	Tax refund Determination		
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	sign here	Authorized officer 	Date 6/6/2025
	sign here	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code) 	Date 4/21/25



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: 01/28/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 6/1/25
DATE: 5/1/25 KR 05/05/25

FOOD SERVICE SYSTEMS LLC
 275 WESTGATE DRIVE
 WATSONVILLE, CA 95076

Account Number M2350-99-001-0013-F1 HCAD No. 1380638
Legal Description of the Property CONSIGNED INVENTORY @ (LINEAGE LOGISTICS) AT 4000 W MILITARY WAY/NEW ACCT 2022 4000 W MILITARY HWY 78503 OWNER: FOOD SERVICE SYSTEMS LLC

2024 OVERAGE AMOUNT \$5,236.86

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 <u>Food Service System</u>	Relationship to Property Owner
	Mailing Address <u>310 Walker Street</u>	Daytime Telephone Number
	City, State, Zip Code <u>Watsonville CA 95076</u>	Email Address: <u>Javier@VPSGO.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> 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>Please See attached</u>	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information <u>Attach copies of cancelled checks only if refund is over \$500.00</u>	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>[Signature]</u>	Date of application <u>4-8-25</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>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/17/25</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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG
 Print Date: 02/21/2025

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: E.L. *5/21/25*
 DATE: 5/5/2025 *KE 05/05/25*

SEIVER IMPLEMENT COMPANY ✗
 PO BOX 699 ✓
 DONNA, TX 78537

Account Number S2352-93-000-0002-00 ✗ HCAD No. 652872 ✓ ✗
Legal Description of the Property SPECIAL INVENTORY (HEAVY) AT 801 W INTERSTATE HWY 2 (SEE S2352-99-000-0002-00) / NEW ACCT 2003 301 E INTERSTATE HWY 2 (S SIDE) 78537 ✓ OWNER: SEIVER IMPLEMENT CO ✓ ✗ ✓

2024 OVERAGE AMOUNT \$2,698.02 ✓ ✗

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD, 76: CITY OF DONNA(X)

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 Seiver Implement Company ✗ Relationship to Property Owner Owner	
	Mailing Address PO Box 699	Daytime Telephone Number 956-464-2231
	City, State, Zip Code Donna, TX 78537	Email Address: jay@seiverimplement.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	Overpaid the account <input checked="" type="checkbox"/> X	
	Duplicate payment <input type="checkbox"/>	
	Paid in error (explain) <input type="checkbox"/>	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer \$3,739.96	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed \$2,698.02	
Step 5: How should the refund be processed?	Mail to Property Owner <input type="checkbox"/>	
	Mail to Payer at address in Step 1 <input checked="" type="checkbox"/> X	
	Transfer this amount to account <input type="checkbox"/> For tax year	
	Escrow for next year 's taxes <input type="checkbox"/>	
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 <i>Jay Seiver</i> ✗	Date of application 03/17/2025
	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: <i>[Signature]</i> ✗ Date: 6/4/2025
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> ✗ Date: 3/19/25

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

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: Jake Solis 5/27/25
 DATE: 05/01/25 KR 0/05/25

82e



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

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

Print Date: 07/03/2023

RECEIVED
 04/14/2025

HIDALGO COUNTY AUDITOR'S OFFICE

CORELOGIC TAX SERVICES, LLC ✓
 3001 HACKBERRY ROAD ✓
 IRVING, TX 75063

FYI: Page 7 and 10 are blank. Erase this note after you have read it.

Account Number S2755-02-000-0145-00 ✓
HCAD No. 684561 ✓
Legal Description of the Property SHARY CROSSING PH 2 LOT 145 ✓
2433 E 6 AVE ✓
OWNER: SANCHEZ MARIA DEL ROSARIO VALDEZ AKA VEL ✓

2022 OVERAGE AMOUNT \$2,830.02 ✓
 Loan #: 1210003846

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

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	CORELOGIC TAX SERVICES LLC ✓	Relationship to Property Owner
	Mailing Address	PO BOX 9202	Daytime Telephone Number 817-699-2106
	City, State, Zip Code	COPPELL TEXAS 75019	Email Address: shenshwetha@corelogic.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>2022</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>6000.49</u> ✓
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed		<u>2830.02</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	<u>[Signature]</u> ✓	Date of application <u>4-3-25</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 <u>6/4/2025</u> xt here		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/14/25</u> ✓
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>4/14/25</u> ✓

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	Collecting tax for: (Tax Units) GHD-SST-DRI-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	
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 CASEY LENDING LLC (PAID BY: HUNTER-KELSEY OF TEXAS, LLC) <i>φ</i> ✓
	Present mailing address (number and street) 7200 N MOPAC EXPY STE 120 ✓
	City, town or post office, state, ZIP code AUSTIN, TX 78731-3058

Phone (area code and number)
832-499-1170

Legal description (or attach copy of the tax bill or tax receipt): **SOUTH-FORK LOTS 3 & 6 ✓**

Step 2: Describe the property	Address or location of property: 5605 MILE 7 MISSION TX 78573	
	286742 <i>φ</i> ✓	
	Account number of property:	Tax receipt number:
	S4260.00.000.0003.00 <i>φ</i>	OR 58792988

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	2024 ✓	01/16	/	2025	\$ 5,680.96
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$	\$ 5,680.96 <i>φ</i> ✓

Taxpayer's reason for refund (attach supporting documentation): **HUNTER KELSEY OF TEXAS, LLC**

(PAYER) REQUESTS AMOUNT OF \$5,680.96 BE REFUNDED AS TAXES WERE

PAID IN ERROR AFTER PROPERTY WAS SOLD. VR *φ* ✓

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 <i>[Signature]</i> <i>φ</i> ✓	Date of application for tax refund 04-09-2025

If you make a false statement on this application, you could be found guilty of a Class C 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	
	sign here → Authorized officer <i>[Signature]</i>	Date 6/6/2025
	sign here → 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) <i>[Signature]</i> <i>φ</i> ✓	Date 4/17/25





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: 03/04/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 6/1/25
 DATE: 4/30/25 KE 05/06/25

RUBEN CANTU
 215 E CANTON RD ✓
 EDINBURG, TX 78539 ✕

Account Number S6410-00-000-0010-00 ✕ HCAD No. 546659 ✕ ✓ ✓
Legal Description of the Property STONE COMMERCIAL CENTER LOT 10 ✓ 223 E CANTON RD ✓
OWNER: INTEGRITY AUTO REPAIR LLC ✕ ✓ ✓

2024 OVERAGE AMOUNT \$4,669.15 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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 <u>Integrity Auto Repair LLC</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>215 E. Canton Rd</u>	Daytime Telephone Number <u>956-414-9722</u>
	City, State, Zip Code <u>Edinburg, TX 78539</u>	Email Address: <u>Management@integrityauto-rgv.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> 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 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>4/3/25</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: Approved Denied By: [Signature] Date: 6/4/2025

TAX OFFICE USE ONLY: Approved Denied By: [Signature] ✕ Date: 4/25/25

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	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	HIDALGO COUNTY AUDITOR'S OFFICE APPROVED BY: E.L. <i>up</i> 5/21/25
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 5/2/2025 <i>ke</i> 05/05/25 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 GALLEGOS JUAN ANTONIO (PAID BY: V.I.P. MORTGAGE INC) ✓	
	Present mailing address (number and street) 935 THOMAS LANE ✓	
	City, town or post office, state, ZIP code ALAMO, TX 78516	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): TOWER LANDING PH 1 LOT 15
	Address or location of property: 935 THOMAS LN
	694531 ✓✗
	Account number of property: T6266.01.000.0015.00 ✓✗
	Tax receipt number: 57617143

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	2024 ✗ ✓	11/13 / 2024	\$ 3,569.60	\$ 3,569.60 ✓
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3,569.60 ✓✗
	Taxpayer's reason for refund (attach supporting documentation): PAYER, V.I.P. MORTGAGE INC,				
	PAID THE INCORRECT PARCEL AND IS REQUESTING FUNDS TO BE				
	TRANSFERRED TO ACCT #1373989. 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: <i>Stephen A. Kraemer</i> ✓✗
	Date of application for tax refund: 03/31/2025
	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.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
sign here	Authorized officer: <i>[Signature]</i> Date: 6/4/2025
sign here	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): <i>[Signature]</i> ✓✗ Date: 6/7/25

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: Jake Solis ^{5/29/25}
 DATE: 05/01/25 KE 05/05/25



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: 02/13/2025

RECEIVED
 04/14/2025

HIDALGO COUNTY AUDITOR'S OFFICE

E & S HOLDINGS UNION SQUARE - PH ✓
 1415 S VOSS RD STE 110-418 ✓
 HOUSTON, TX 77057

Account Number U0330-00-000-0013-00 ✓ HCAD No. 1305970 ✓✓
Legal Description of the Property UNION SQUARE APARTMENTS LOT 13 2413 FULTON ST ✓ OWNER: E & S HOLDINGS UNION SQUARE-PHASE II LLC ✓

2024 OVERAGE AMOUNT \$4,638.83 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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 _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	Overpaid the account	*8001 overpayment
	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	
	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. 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>5/5/25</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: Date: <u>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: Date: <u>5/14/25</u> ✓

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

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: Jake Solis 6/1/25
 DATE: 05/02/25 KR 05/05/25



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: 02/05/2025

RECEIVED
 04/14/2025

HIDALGO COUNTY AUDITOR'S OFFICE

E & S HOLDINGS UNION SQUARE - PH ✓
 1415 S VOSS RD STE 110-418 ✓
 HOUSTON, TX 77057 ✓

Account Number
 U0330-00-000-0019-00 ✓
 HCAD No. 1305976 ✓✓

Legal Description of the Property
 UNION SQUARE APARTMENTS LOT 19 ✓
 1701 W GREENWHICH ST. ✓

OWNER: E & S HOLDINGS UNION SQUARE ✓
 PHASE I LLC ✓

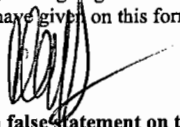
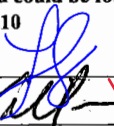
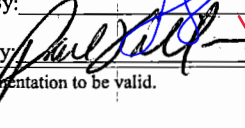
2024 OVERAGE AMOUNT \$3,072.22 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE-DIST #1, 22: CITY OF EDINBURG, 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 _____ 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	
	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	*As per staff, when step 5 is not filled out, refund is automatically issued to payer
	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	
	<input checked="" type="checkbox"/> SIGN HERE 	Date of application <u>4/15/25</u> ✓
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By:  Date: <u>6/4/2025</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied By:  Date: <u>4/14/25</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: 02/06/2025

RECEIVED
 04/14/2025

HIDALGO COUNTY AUDITOR'S OFFICE

E & S HOLDINGS UNION SQUARE - PH ✓
 1415 S VOSS RD STE 110-418
 HOUSTON, TX 77057 ✓

Account Number
 U0330-00-000-0029-00 ✓
 HCAD No. 1305986 ✓✓

Legal Description of the Property
 UNION SQUARE APARTMENTS LOT 29 ✓
 1618 W GREENWICH ST ✓

OWNER: E & S HOLDINGS UNION SQUARE- ✓✓
 PHASE I LLC

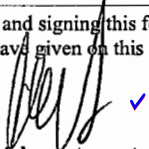
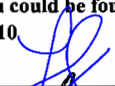
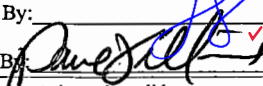
2024 OVERAGE AMOUNT \$5,103.84 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	Email Address:
	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 checked="" type="checkbox"/> Mail to Property Owner ✓	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	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  ✓	(Date of application) <u>4/15/25</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:  Date: <u>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By:  Date: <u>4/14/25</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: 03/12/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 6/1/25
 DATE: 5/1/25 KR 05/05/25

EDUARDO CAVAZOS
 5704 TOUCAN AVE
 MISSION, TX 78573

Account Number W2300-00-00C-0014-00
 HCAD No. 321656
 Legal Description of the Property
 WESLACO ORIGINAL TOWNSITE N24 LOT 14 & ALL LOT 15 BLK C
 121 S KANSAS AVE
 OWNER CAVAZOS EDUARDO JR

2024 OVERAGE AMOUNT \$3,420.00

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	Eduardo Cavazos Jr.	Relationship to Property Owner
	Mailing Address	5704 Toucan Ave	Daytime Telephone Number 956-205-5054
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	Mission TX 78573	Email Address: ecjr23@gmail.com
	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 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		\$3420.00
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		Date of application
	SIGN HERE <u>[Signature]</u>		04/03

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: Approved | Denied By: [Signature] Date: 6/4/2025
 TAX OFFICE USE ONLY: Approved | Denied By: [Signature] Date: 4/17/25

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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 03/04/2025

RECEIVED
04/14/2025

HIDALGO COUNTY AUDITOR'S OFFICE

ERNIE ROSALEZ ✓
1214 MEADOW WOOD DR ✓
WESLACO, TX 78596

Account Number W4290-02-000-0041-00 ✓ HCAD No. 520622 ✓✓
Legal Description of the Property WESTGATE WOODS UT NO. 2 LOT 41 ✓ 1214 MEADOW WOOD SOUTH ✓
OWNER: ROSALEZ ERNIE & AMBER ✓✓

2024 OVERAGE AMOUNT \$3,282.61 ✓

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>Ernie A. Rosalez</u> ✓	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>1214 meadow wood Dr</u>	Daytime Telephone Number <u>(956) 566-2029</u>
	City, State, Zip Code <u>Weslaco, TX 78596</u>	Email Address: <u>roaustino4@yahoo.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> ✓ 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>\$:3364.68</u>
	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. 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>Ernie A. My</u> ✓	Date of application <u>01 April 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>6/4/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>4/14/25</u> ✓

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