

Office of Tax Assessor-Collector  
**COUNTY of HIDALGO**



*Pablo "Paul" Villarreal, Jr. PCC.*  
Hidalgo County Tax Assessor-Collector

P.O. Box 178  
Edinburg, Texas 78540-0178  
Ph. (956) 318-2157  
Fax (956) 318-2733  
[www.hidalgocountytax.org](http://www.hidalgocountytax.org)

June 16, 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**



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ACCOUNT NUMBER	PAYER	AMOUNT
A1800.00.047.0014.01	GARZA ELIDA	\$2,993.59
C9389.00.000.0001.00	CRIS MORENO	\$6,899.64
E5400.00.059.0013.00	DAVID MARTINEZ VILMA MARTINEZ	\$3,337.36
L2862.93.000.0004.00	LEAL AUTO SALES LLC	\$4,841.31





**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: 04/17/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 6/7/25  
 DATE: 5/13/25 KE 05/15/25

**GARZA ELIDA** ✓  
**504 E SOUIX RD** ✓  
**SAN JUAN , TX 79589**

Account Number A1800-00-047-0014-01 ✓
HCAD No. 530074 ✓✓
Legal Description of the Property ALAMO LAND & SUGAR CO S500'-W495' LOT 14 BLK 47 5.68AC GR 5.43AC NET
810 NOLANA AVE ✓
OWNER: GARZA ELIDA ✓✓

**2024 OVERAGE AMOUNT \$2,993.59** ✓✓

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

**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>Elida Garza</u>	Relationship to Property Owner <u>Self</u>
	Mailing Address <u>504 E Souix</u>	Daytime Telephone Number <u>956) 777-6096</u>
	City, State, Zip Code <u>San Juan TX 78589</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 _____ 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	<u>6004.40</u>
	Total tax, penalty, and interest amount owed for the year	<u>3010.81</u>
	Amount of refund claimed	<u>2993.59</u>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account For tax year	
	<input type="checkbox"/> Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>Elida Garza</u> ✓	Date of application
	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>6/9/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>5/8/25</u>

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 6/7/25

DATE: 05/19/25 KR 05/22/25



**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: 04/10/2025

**RECEIVED**  
 05/08/2025

**HIDALGO COUNTY AUDITOR'S OFFICE**

**CRIS MORENO** ✓  
 7613 N 25TH LN ✓  
 MCALLEN, TX 78504

<b>Account Number</b> C9389-00-000-0001-00 ✓ HCAD No. 1462879 ✓✓
<b>Legal Description of the Property</b> CRIS-AUTO SERVICE LOT 1 ✓
OWNER: CRIS AUTO SERVICE LLC ✓✓

**2024 OVERAGE AMOUNT \$6,899.64** ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

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

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<b>Step 1: Identify the Payer requesting the refund if different than shown above</b>	Name		Relationship to Property Owner	
	Mailing Address		Daytime Telephone Number	
	City, State, Zip Code		Email Address:	
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	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 refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account			
	<input checked="" type="checkbox"/> Duplicate payment <u>paid twice by mistake</u> ✓			
	<input type="checkbox"/> Paid in error (explain)			
<b>Step 4: Provide payment information</b> 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			
<b>Step 5: How should the refund be processed?</b>	<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			
<b>Step 6: Sign the application form. Unsigned applications will not be processed.</b> 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>Cristobal Moreno</u> ✓		Date of application <u>4/23/25</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			
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>6/9/2025</u>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved ✓	<input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓	Date: <u>5/5/25</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: 02/14/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 6/7/25  
 DATE: 5/27/25 KR 05/27/25

DAVID MARTINEZ  
 VILMA MARTINEZ  
 PO BOX 1152  
 ELSA, TX 78543

<b>Account Number</b> E5400-00-059-0013-00 HCAD No. 169620
<b>Legal Description of the Property</b> ELSA TOWNSITE BK 59 -LT 13 & LT 14  309 E 3RD ST
OWNER: MARTINEZ VILMA

2024 OVERAGE AMOUNT \$3,337.36

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 4: EMS DIST #2, 23: CITY OF ELSA, 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> requesting the refund if different than shown above	Name <u>Vilma Martinez</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>P.O. Box 1152</u>	Daytime Telephone Number
	City, State, Zip Code <u>Elsa Tx 78543</u>	Email Address:
<b>Step 2: Refunds are only issued</b> to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2023</u> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund</b> and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> 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	
<b>Step 5: How should the refund be processed?</b>	<input type="checkbox"/> Mail to Property Owner <u>Vilma Martinez</u>	
	<input type="checkbox"/> Mail to Payer at address in Step 1 <u>P.O. Box 1152 Elsa Tx 78543</u>	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
<b>Step 6: Sign the application form.</b> 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	
	<b>SIGN HERE</b> <u>Vilma Martinez</u>	Date of application <u>5-6-2025</u>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/9/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/15/25</u>

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



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**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: 02/05/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *Yf* 6/7/25

DATE: 5/13/25 *KR* 05/15/25

**LEAL AUTO SALES LLC** ✓  
**4905 N RAUL LONGORIA RD** ✓  
**SAN JUAN, TX 78589-0056** ✓

<b>Account Number</b> L2862-93-000-0004-00 ✓ HCAD No. 1129806 ✓✓
<b>Legal Description of the Property</b> SPECIAL INVENTORY (GDN) AT 4905 N RAUL LONGORIA RD (SEE L2862-99-000-0004-00) / NEW ACCT 2018 4905 N RAUL LONGORIA RD 78589 ✓ OWNER: LEAL AUTO SALES LLC ✓✓✓

**2024 OVERAGE AMOUNT \$4,841.31** ✓✓

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

**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 requesting the refund if different than shown above</b>	Name <u>Cesar Lara</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>4905 N Raul Longoria Rd.</u>	Daytime Telephone Number <u>(956) 783-8405</u>
	City, State, Zip Code <u>San Juan, Tx 78589</u>	Email Address: <u>leal-auto-sales@gmail.com</u>
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	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 refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
<b>Step 4: Provide payment information</b> 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	
<b>Step 5: How should the refund be processed?</b>	<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	
<b>Step 6: Sign the application form. Unsigned applications will not be processed.</b> Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By <u>completing</u> 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	
	<b>SIGN HERE</b> <u>Cesar Lara</u> ✓	Date of application <u>4/30/25</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>6/9/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/8/25</u>

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