

Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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

July 14th 2025

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

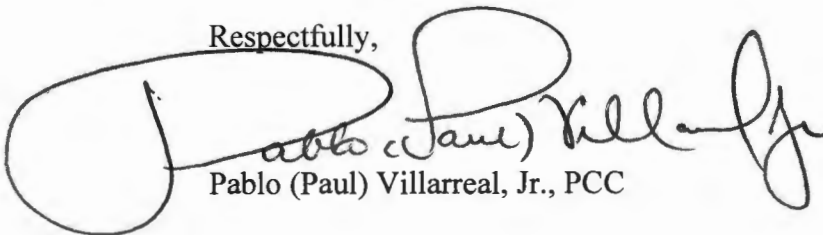
Re: See attached list

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

CG

Enclosure



Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



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ACCOUNT NUMBER	PAYER	AMOUNT
F1653.00.000.000A.00	FAMILY DOLLAR STORES OF TX LL	\$14,078.22
F6350.04.000.0011.00	DECKER JOHN E III	\$3,985.22
L1050.00.000.0023.00	ROBERT G FEDOR DBA SUMMER SQUARE APTS	\$12,301.99
W0100.00.056.0002.05	SANDRA OCHOA	\$2,574.44



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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 7/19/25

DATE: 06/06/25 KR 06/09/25

26561



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: 04/02/2025

RECEIVED
05/27/2025

HIDALGO COUNTY AUDITOR'S OFFICE

FAMILY DOLLAR STORES OF TX LL ✓
500 VOLVO PARKWAY ✓
CHESAPEAKE, VA 23320

Account Number
F1653-00-000-000A-00 ✓
HCAD No. 683824 ✓ ✓

Legal Description of the Property
FAMILY DOLLAR STORE LOT A

3724 BUDDY OWENS BLVD ✓

OWNER: COLE FD PORTFOLIO I LLC ✓ ✓

2024 OVERAGE AMOUNT \$14,078.22 ✓ ✓

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: Family Dollar Stores of Texas ✓
Mailing Address: 500 Volvo Parkway
City, State, Zip Code: Chesapeake, VA, 23320

Relationship to Property Owner

Tenant

Daytime Telephone Number

757 698 7090

Email Address:

tsetser@dollarstore.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
- X Duplicate payment
- Paid in error (explain)

Step 4: Provide payment information

Total amount paid by this taxpayer

\$ 28,883.66 ✓

Attach copies of cancelled checks only if refund is over \$500.00

Total tax, penalty, and interest amount owed for the year

Amount of refund claimed

\$14,078.22 ✓

Step 5: How should the refund be processed?

- Mail to Property Owner
- ✓ Mail to Payer at address in Step 1 ✓
- Transfer this amount to account
- Escrow for next year's taxes

For tax year

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

Please allow 60 days from the time this application is returned to the tax office for the refund to be processed

SIGN HERE Jake Solis ✓

Date of application 5/14/25 ✓

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:

✓ Approved Denied

By: _____

Date: 7/10/2025

TAX OFFICE USE ONLY:

✓ Approved ✓ Denied

By: J. Res... ✓

Date: 5/21/25 ✓

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 7/9/25

DATE: 06/16/25 KR 06/24/25



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: 02/08/2024

RECEIVED
06/10/2025

HIDALGO COUNTY AUDITOR'S OFFICE

HCTO

DECKER JOHN E III ✓

PO BOX 211 ✓

PHARR, TX 78577-1604

Account Number
F6350-04-000-0011-00 ✓
HCAD No. 544244 ✓

Legal Description of the Property
FOX RUN UT 4 LOT 11

612 CARDINAL AVE ✓

OWNER: DECKER JOHN E III ✓✓

2023 OVERAGE AMOUNT \$3,985.22 ✓

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

Loan #: _____

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Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Linda Smith</u> ✓	Relationship to Property Owner <u>daughter</u> ✓
	Mailing Address <u>818 ALDEN Dr.</u>	Daytime Telephone Number <u>361 425 4285</u>
	City, State, Zip Code <u>Corpus Tx 78412</u>	Email Address: <u>lindaraye361@gmail</u>
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 checked="" type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>father had dementia paid twice</u> ✓	
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 <u>544244</u>	
	<input checked="" type="checkbox"/> Transfer this amount to account <u>F635004000001100</u> For tax year <u>2024</u> ✓	
	<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 <u>[Signature]</u> ✓ HERE	Date of application <u>5-28-25</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>7/10/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>6/19/25</u> ✓

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



FABLO (PAUL) VILLARREAL JR., PCC
 Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78340-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTX.GOV

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 03/06/2025

SUBMIT

3/31
amw

ROBERT G FEDOR DBA ✓
 SUMMER SQUARE APPTS
 PO BOX 8280
 WESLACO, TX 78099

Account Number L1060-00-000-0023-00
 L1060-00-000-0023-00
 HEAD No. 709423 ✓ 209423 ✓
 Legal Description of the Property
 LA HACIENDA ESTATES LOT 23 ✓
 2900 WHITEWING DR ✓
 OWNER: 2900 WHITEWING DRIVE SERIES ✓
 2024 OVERAGE AMOUNT \$12,301.99

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE \$12,301.99 ✓

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 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>12,301.99</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account	pay off #209451 (95469.57) ✓ tax year 2024
	<input type="checkbox"/> Escrow for next year's taxes	Refund Rest to payer (6332.42) ✓
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 G. Fedor DBA SUMMER</u> ✓	Date of application: <u>3/07/25</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>7/10/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>4/24/25</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: 04/01/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *in* 7/9/25

DATE: 06/16/25 *KE* 06/24/25

SANDRA OCHOA *φ* ✓
 13829 N LOS EBANOS RD, MISSION
 MISSION, TX 78573

Account Number W0100-00-056-0002-05 <i>φ</i>
HCAD No. 319278 <i>φ</i> ✓ ✓
Legal Description of the Property WEST ADDN. TO SHARYLAND S165'-N990' LOT 56-2 EXC W25' WATER DIST NO 7 5.00AC GR 4.82AC NET
13829 N LOS EBANOS RD <i>φ</i> ✓
OWNER: OCHOA SIGIFREDO JR & SANDRA <i>φ</i> ✓

2024 OVERAGE AMOUNT \$2,574.44 *φ* ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 48: MISSION 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>Sandra Ochoa</u>	Relationship to Property Owner <u>Wife</u>
	Mailing Address <u>13829 N. Los Ebanos Rd</u>	Daytime Telephone Number <u>956 222-3639</u>
	City, State, Zip Code <u>Mission TX. 78573</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. <u>Sandra Ochoa 384@yahoo.com</u>	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	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>Sandra Ochoa</u> <i>φ</i>	Date of application <u>5-28-2025</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>7/10/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/9/25</u>

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