

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

July 21, 2025

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

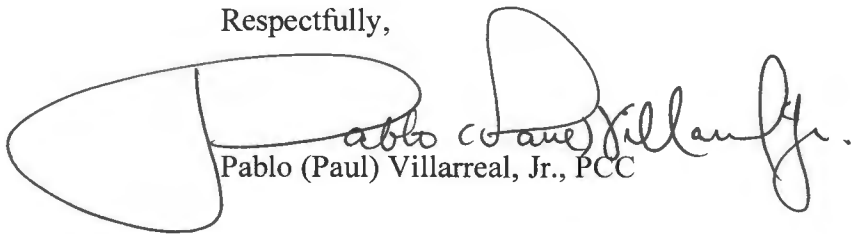
Re: See attached list

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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Hidalgo County Tax Assessor-Collector

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Edinburg, Texas 78540-0178
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ACCOUNT NUMBER	PAYER	AMOUNT
A1600.03.000.0091.00	CORELOGIC	\$4,740.88
C1283.99.000.0001.00	ERC TRANSPORT LLC	\$3,643.80
E3310.99.000.0001.00	AGUSTIN GUZMAN	\$2,740.19
E4361.02.000.0123.00	MORTGAGE CONNECT OF TEXAS LLC PNC MORTGAGE CONNEC	\$3,540.00
L0250.99.044.0001.05	RIO FRESH	\$4,000.00
L1400.00.002.0010.00	DAVID MARTINEZ VILMA MARTINEZ	\$3,587.71
P2330.99.000.0001.00	RYAN LLC PAYING FOR EXTENET SYSTEMS	\$5,568.77



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						
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 GARCIA YZA (PAID BY: CORELOGIC) ♣ ✓					
	Present mailing address (number and street) 2415 ALA BLANCA AVE ♣ ✓					
	City, town or post office, state, ZIP code MISSION, TX 78572			Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): ALA BLANCA UT NO. 3 LOT 91						
Step 2: Describe the property	Address or location of property: 2415 ALA BLANCA AVE					
	109658 ♣ ✓ ✓					
	Account number of property:			Tax receipt number:		
	A1600.03.000.0091.00			OR 54856939, 58028019		
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	
	1. ALL ENTITIES		2023 ✓		12/18 / 2023	
	2. ALL ENTITIES		2024 ✓		12/12 / 2024	
	3.				/	
	4.				/	
	5. TOTAL				/	
				\$	\$	
				\$	\$	
				\$	\$ 4,740.88 ✓ ✓	
Taxpayer's reason for refund (attach supporting documentation): PAYER, CORELOGIC, PAID						
INCORRECT PARCEL AND IS REQUESTING TO APPLY FUNDS TO PARCEL# ♣						
A1600.03.000.0090.00. KGR #109657 ✓						
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> ♣ ✓			Date of application for tax refund 6/12/25	
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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
	sign here	Authorized officer <i>[Signature]</i>			Date 7/16/2025	
	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 6/23/25	

Sign Here



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: 04/30/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O.

DATE: 07/03/25 KR 07/09/25 7/10/25

SECOND NOTICE

JUN 06 2025

ERC TRANSPORT LLC
 3014 E ALBERTA RD
 EDINBURG, TX 78542

Account Number C1283-99-000-0001-00	φ
HCAD No. 1471889	φ ✓ ✓
Legal Description of the Property VEHICLES AT 3014 E ALBERTA RD / NEW ACCT 2023	
3014 E ALBERTA RD 78539 ✓	
OWNER: ERC TRANSPORT LLC φ ✓ ✓	

2023 OVERAGE AMOUNT \$3,643.80 φ ✓

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 <u>956-793-0552</u>	
	City, State, Zip Code	Email Address: <u>erctransportllc@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>2023</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		
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> φ	Date of application <u>6/29/25</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>7/16/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>Paul Salt</u> Date: <u>6/25/25</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 04/30/2024

THE HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: J.O. Yf 7/10/25
 DATE: 07/03/25 Ke 07/09/25

SECOND NOTICE

JUN 13 2025

Account Number E3310-99-000-0001-00 ϕ HCAD No. 1183561 $\checkmark \phi \checkmark$
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 508 W TRENTON RD STE A & B / NEW ACCT 2019 508 W TRENTON RD STE A & B 78539 \checkmark OWNER: PIEOLOGY 8141 $\phi \checkmark$

AGUSTIN GUZMAN $\checkmark \phi$
 1101 TRAVIS STREET $\checkmark \phi$
 MISSION, TX 78572

2023 OVERAGE AMOUNT \$2,740.19 $\checkmark \phi \checkmark$

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>Agustin Guzman</u>	Relationship to Property Owner
	Mailing Address <u>1101 Travis St.</u>	Daytime Telephone Number <u>972-515-9949</u>
	City, State, Zip Code <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 _____ 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 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> $\checkmark \phi$	Date of application <u>6/20/2025</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>7/16/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>Paul Villarreal</u> Date: <u>6/25/25</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 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 04/10/2024

RECEIVED
07/01/2025

SECOND
NOTICE

JUN 15 2025

HIDALGO COUNTY AUDITOR'S OFFICE

MORTGAGE CONNECT OF TEXAS LLC ✓
PNC MORTGAGE ✓
CONNECT OF TX LLC REO PRT ESCROW ✓
7301 STATE HIGHWAY 161 SUITE 360 ✓
IRVING, TX 75039 ✓

Account Number E4361-02-000-0123-00 ✓ HCAD No. 650805 ✓✓
Legal Description of the Property SHARYLAND PLANTATION VILLAGE EL JARDIN DE LAS FLORES PH 2 LOT 123 ✓ 3102 SANTA SUSANA ✓
OWNER: TRAN KIEN QUOC ✓✓

2023 OVERAGE AMOUNT \$3,540.00 ✓✓

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

Loan #: 3038966 ✓

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>Mortgage Connect of TX LLC</u> ✓	Relationship to Property Owner
	Mailing Address <u>7301 N. Highway 161</u> ✓	Daytime Telephone Number <u>855-595-3562</u>
	City, State, Zip Code <u>Irving, TX 75039</u> ✓	Email Address: <u>TXclosings@mortgageconnectlp.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 _____ 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>\$6,540.00</u> ✓
	Total tax, penalty, and interest amount owed for the year	<u>\$6,540.00</u>
	Amount of refund claimed	<u>\$3,540.00</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 ✓	Date of application <u>06/20/25</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>7/16/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>Paul Villarreal Jr.</u> ✓ Date: <u>6/30/25</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: 02/26/2025

RECEIVED
 07/01/2025

HIDALGO COUNTY AUDITORS OFFICE

RIO FRESH ✓
PO BOX 1619 ✓
SAN JUAN, TX 78589

Account Number L0250-99-044-0001-05 ✓ HCAD No. 1507053 ✓ ✓
Legal Description of the Property FURNITURE FIXTURES & MACHINERY AT 915 E INTERSTATE HWY 2 (S SIDE)/ NEW ACCT 2023 915 E INTERSTATE HWY 2 (S SIDE) 78537 ✓ ✓ OWNER: RIO FRESH INC ✓ ✓

2024 OVERAGE AMOUNT \$4,000.00 ✓ ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	\$ <u>4000.00</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 <u>Christine Woodley</u> ✓	Date of application <u>6-19-25</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>7/16/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>7/1/25</u> ✓

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 7/10/25

DATE: 07/07/25 KR 07/09/25



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: 02/14/2025

RECEIVED
07/01/2025

HIDALGO COUNTY AUDITOR'S OFFICE

DAVID MARTINEZ ✓
VILMA MARTINEZ ✓
PO BOX 1152 ✓
ELSA, TX 78543

Account Number L1400-00-002-0010-00 ✓ HCAD No. 212007 ✓✓
Legal Description of the Property LA NUEVA VIDA BLK 2 LT 10 ✓ 119 TULIPAN DR ✓
OWNER: MARTINEZ DAVID & VILMA ✓✓

2024 OVERAGE AMOUNT \$3,587.71 ✓✓

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

Step 1: Identify the Payer 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 <u>956-472-1754</u>
	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>2023</u> *Application for '24 refund 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	*No current levy due, Address & property owner same as listed above for refund check
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner <u>Vilma Martinez</u>	
	<input type="checkbox"/> Mail to Payer at address in Step 1 <u>PO. Box 1152 Elsa TX 78543</u>	
	<input type="checkbox"/> Transfer this amount to account	For tax year <u>2023</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 HERE <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>7/16/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/30/25</u> ✓

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Jake Solis* 7/10/25

DATE: 07/07/25 *KE* 07/09/25



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: 02/09/2023

RECEIVED
 07/01/2025

SECOND NOTICE
 9-18-23

HIDALGO COUNTY AUDITOR'S OFFICE

RYAN, LLC ✓
 PAYING FOR EXTENET SYSTEMS ✓
 16220 NORTH SCOTTSDALE ROAD, SUITE 450
 SCOTTSDALE, AZ 85254

Account Number P2330-99-000-0001-00 ✓ HCAD No. 1274257 ✓✓
Legal Description of the Property EQUIPMENT AT 301 E RIDGE RD (EQT ON LIGHT POLE) NEW ACCT 2020 ✓ 301 E RIDGE RD 78501 ✓ OWNER: EXTENET SYSTEMS INC ✓✓

2022 OVERAGE AMOUNT \$5,568.77 ✓✓

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

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1 Identify the Payer requesting the refund if different than shown above	Name <i>Ryan, LLC</i> ✓	Relationship to Property Owner <i>Agent</i>
	Mailing Address <i>112 East Pecan St #2315</i>	Daytime Telephone Number
	City, State, Zip Code <i>San Antonio, TX 78205</i>	Email Address: <i>hoge.hogan@mar.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>2022</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 Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>\$74,059.85</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>\$5,568.77</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. 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>[Signature]</i> ✓	Date of application <i>11-30-2023</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>7/16/2025</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> ✓ Date: <i>10/30/25</i> ✓	

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