

Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RIA



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

September 17th 2025

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

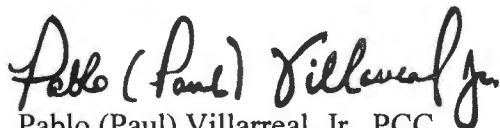
Re: See attached list

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. RIA



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ACCOUNT NUMBER	PAYER	AMOUNT
C2253.02.000.0021.00	CORELOGIC TAX SERVICES LLC	\$4,274.46
S3000.99.000.0002.19	CHEP USA	\$19,110.81
W3800.00.640.0000.09	PAYNE ESTATE LLC	\$3,367.71



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



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

03/08/2023

THE HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: J.O. *YF* 8/24/25
 DATE: 08/05/25 *KR* 08/08/25

FINAL NOTICE
 JUN 30 2025

*Pend
Comm
Court*

PAYNE ESTATE, LLC
 2401 E EXPRESSWAY 83
 WESLACO, TEXAS 78596

726 E BUS HWY 83 ✓

OWNER: PAYNE EJ & EM ✓✓

2022 OVERAGE AMOUNT: \$3,367.71 ✓✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 33: WESLACO ISD, 34: SOUTH TEXAS ISD, 35: 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>956-969-2525</u>
	City, State, Zip Code	Email Address: <u>X 2202</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	
	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 <u>2401 E Expressway 83, Weslaco Tx</u>	
	<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 <i>[Signature]</i> ✓	Date of application <u>7/19/25</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: <i>[Signature]</i> Date: <u>9/2/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> ✓ Date: <u>7/25/25</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

MAR 21 2024

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 01/10/2024

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L. [Signature] 8/24/25
 DATE: 8/8/2025 KE 08/08/25

NATIONSTAR MORTGAGE LLC DBA MR. COOPER ✘
CORELOGIC INC. AS AGENT FOR NATIONSTAR M
ORTGAGE LLC DBA MR. COOPER IN TRUST FOR ✓
3001 HACKBERRY DRIVE
IRVING, TX 75063-015

Account Number C2253-02-000-0021-00 ✘ HCAD No. 1377733 ✓ ✘
Legal Description of the Property CASCADES PH 2 LOT 21 5605 N CROWN POINT ✓
OWNER: PABBISETTY SURESH BABU ✓

2023 OVERAGE AMOUNT \$4,274.46 ✓ ✘

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 #: 0719272189

APPLICATION FOR PROPERTY TAX REFUND

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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	COPPEL, TX, 75019	Email Address:	KIRAM@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>2023</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>4274.46</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>6-5-25</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: <u>[Signature]</u> ✘	Date: <u>9/3/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> ✘	Date: <u>6/16/25</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: 03/28/2023

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. Yf 8/24/25
 DATE: 08/05/25 KR 08/08/25

FINAL NOTICE

CHEP USA
 5897 WINDWARD PKWY
 ALPHARETTA, GA 30005

Account Number
 S3000-99-000-0002-19
 HCAD No. 641125
 Legal Description of the Property
 LEASED EQUIPMENT AT SSL & CMS /NEW ACCT
 2002
 VAR LOC @ SSL & CMS
 OWNER: CHP USA
2022 OVERAGE AMOUNT \$19,110.81

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number: <u>470-440-1939</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	Email Address: <u>sandy.partridge@chep.com</u>
	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	
	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	<u>19,339.01</u>
	Total tax, penalty, and interest amount owed for the year	<u>228.20</u>
	Amount of refund claimed	<u>19,110.81</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	
	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 [Signature] Date of application 7.16.2025

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: Approved Denied By: [Signature] Date: 9/2/2025

TAX OFFICE USE ONLY: Approved Denied By: [Signature] Date: 7/25/25

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