

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

September 26, 2025

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

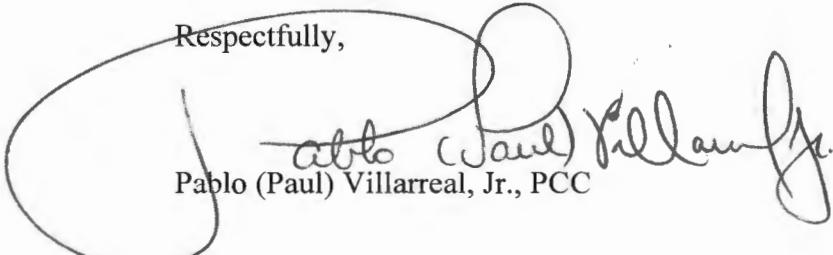
Re: See attached list

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

BA

Enclosure



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
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ACCOUNT NUMBER	PAYER	AMOUNT
D3690.98.000.0014.00	DAVID MARTINEZ VILMA MARTINEZ	\$4,515.29
E7240.02.000.0070.00	LIDIA GARCIA	\$2,584.15
L2490.01.002.0001.00	PROSPERITY HEALTH CARE, LLC	\$3,635.19
L3173.02.000.0033.00	MARIA EUGENIA QUEVEDO MONJARAS	\$6,238.62
P9100.99.000.0000.18	FLEX FLEET RENTAL LLC	\$2,568.27
R1070.00.000.0011.00	VOELSCHOW JOHN & LINDA (PAID BY: HOME TAX SOLUTIONS LI	\$12,439.75
T3510.00.000.0077.00	CORELOGIC TAX SERVICES, LLC	\$3,052.40
T4085.00.000.0005.00	APPLIED INDUSTRIAL TECHNOLOGIES	\$2,922.92





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: 02/18/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 9/20/25

DATE: 09/08/25 KE 09/09/25

DAVID MARTINEZ
 VILMA MARTINEZ
 PO BOX 1152
 ELSA, TX 78543

Account Number D3960-98-000-0014-00 ϕ \checkmark
HCAD No. 665273 ϕ \checkmark
Legal Description of the Property DELTA LAKE RESORT LOT 14 & 15-171' FRONTAGE, IMPROVEMENTS ONLY-NEW FOR 2004
8352 LAGO VISTA
OWNER: MARTINEZ VILMA ALBA ϕ \checkmark

2024 OVERAGE AMOUNT \$4,515.29 ϕ \checkmark

1: HIDALGO COUNTY, 4: EMS DIST #2, 45: MONTE ALTO 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 Alba MARTINEZ</u>	Relationship to Property Owner <u>owner</u>
	Mailing Address <u>PO BOX 1152</u>	Daytime Telephone Number <u>956 472-1754</u>
	City, State, Zip Code <u>Elsa TX 78543</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>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 type="checkbox"/> Mail to Property Owner <u>Vilma Alba MARTINEZ</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 <u>Vilma Alba Martinez</u> ϕ \checkmark	Date of application <u>9/22/2025</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>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>9/3/25</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: 06/03/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 9/20/25
 DATE: 08/27/25 KE 09/02/25

LIDIA GARCIA
 15004 WHITE RIVER WAY
 MCALLEN, TX 78504

Account Number E7240-02-000-0070-00
HCAD No. 1311395
Legal Description of the Property ESTANCIA AT TRES LAGOS PH 2 LOT 70 15004 WHITE RIVER WAY
OWNER: CAMPOS JERRY

2024 OVERAGE AMOUNT \$2,584.15

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	<u>Lidia Margarita Garcia</u>	Relationship to Property Owner	<u>Wife</u>
	Mailing Address	<u>15004 White River Way</u>	Daytime Telephone Number	<u>956-897-2087</u>
	City, State, Zip Code	<u>McAllen Tx, 78504</u>	Email Address:	<u>lidia9476@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>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>\$2,584.15</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>[Signature]</u>	Date of application	<u>30 June 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>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>8/15/25</u>

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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: 01/22/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 9/20/25

DATE: 08/27/25 [Signature] 09/02/25

HCTO
PROSPERITY HEALTH CARE, LLC
 4400 N MCCOLL RD
 MCALLEN, TX 78504

Account Number L2490-01-002-0001-00 ✓
HCAD No. 613144 ✓
Legal Description of the Property LAKES BUSINESS PARK PH 1 LOT 1 & S10' LOT 2 BLK 2 4400 N MCCOLL RD
OWNER: PROSPERITY HEALTH CARE LLC ✓
2024 OVERAGE AMOUNT \$3,635.19 ✓

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>Milagros S. Cabrera</u>	Relationship to Property Owner <u>property owner</u>
	Mailing Address <u>4400 N. McColl Rd</u>	Daytime Telephone Number <u>956-664-9300</u>
	City, State, Zip Code <u>McAllen, TX 78504</u>	Email Address: <u>prosperityhcmilagros@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 _____ 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 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 checked="" 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>Milagros S Cabrera</u> ✓	Date of application <u>7/30/25</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>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>8/15/25</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: 07/31/2023

SECOND NOTICE

JUN 24 2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *YJ* 9/17/25

DATE: 08/12/25 *KE* 08/19/25

HCTO

MARIA EUGENIA QUEVEDO MONJARAS
 4402 SANTA OLIVIA
 MISSION, TX 78572

Account Number L3173-02-000-0033-00 ♀ HCAD No. 717580 ♀ ✓
Legal Description of the Property SHARYLAND PLANTATION VILLAGE LAS CRUCES PH 2 LOT 33 4402 SANTA OLIVIA ST OWNER: QUEVEDO MARIA E ♀ ✓

2022 OVERAGE AMOUNT \$6,238.62 ✓

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 <u>Maria Eugenia Quevedo</u>	Relationship to Property Owner
	Mailing Address <u>4402 Santa Olivia</u>	Daytime Telephone Number <u>956 605 1858</u>
	City, State, Zip Code <u>Mission TX, 78572</u>	Email Address: <u>marquevedo@att.net</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 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>6,238.62</u>
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 type="checkbox"/> Transfer this amount to account For tax year	
	<input checked="" 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>7/25/2025</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: <i>[Signature]</i> Date: <u>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>7/29/25</u>

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

RECEIVED
08/04/2025

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Jake Solis 9/20/25
DATE: 08/18/25 KR 08/19/25

HIDALGO COUNTY AUDITOR'S OFFICE



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: 02/13/2024

SECOND
NOTICE

JUN 26 2025

FLEX FLEET RENTAL LLC ✓
6975 S UNION PARK CENTER STE 500
SALT LAKE CITY, UT 84047

Account Number P9100-99-000-0000-18 ✓ HCAD No. 1539908 ✓
Legal Description of the Property LEASED VEHICLES AT SPR & CPO / NEW ACCT 2023 ✓ 717 FM 88
OWNER: FLEX FLEET RENTAL ✓

2023 OVERAGE AMOUNT \$2,568.27 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 36: CITY OF PROGRESO, 50: PROGRESO 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 31.11e 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>Javier Castro</u> ✓	Relationship to Property Owner <u>Accounting Supervisor</u>
	Mailing Address <u>6975 S Union Park Center STE 500</u>	Daytime Telephone Number <u>801-386-97-60</u>
	City, State, Zip Code <u>Salt Lake City</u>	Email Address: <u>Jcastro@summitflor.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	Overpaid the account <u>P9100-99-000-0000-18</u> ✓	
	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>8,630,38</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>2568.27</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 <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>JCS</u> ✓	Date of application <u>7-25-2025</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>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>8/4/25</u> ✓

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



HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Jake Solis
DATE: 08/18/25 KR 08/19/25 9/17/25

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	HIDALGO COUNTY AUDITOR'S 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 VOELSCHOW JOHN & LINDA (PAID BY: HOME TAX SOLUTIONS LLC)
	Present mailing address (number and street) 24418 N SUNFLOWER LANE
	City, town or post office, state, ZIP code MONTE ALTO, TX 78538
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): RANCHO ESQUINA LOT 11
	Address or location of property: N SUNFLOWER RD
	653356
	Account number of property: R1070.00.000.0011.00 OR Tax receipt number: 60419512

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	2019	07/21	\$ 1,957.77	\$ 1,957.77
	2. ALL ENTITIES	2020	07/21	\$ 1,265.61	\$ 1,265.61
	3. ALL ENTITIES	2022	07/21	\$ 1,559.42	\$ 1,559.42
	4. ALL ENTITIES	2023	07/21	\$ 4,655.57	\$ 4,655.57
	5. CONT (PG. 2)			\$ CONT	\$ CONT (PG. 2)
Taxpayer's reason for refund (attach supporting documentation): PAYER, HOME TAX SOLUTIONS LLC, IS REQUESTING A REFUND DUE TO PAYING INCORRECT PARCEL. 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 Detric Jaylos	Date of application for tax refund 7/29/25
	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 [Signature]	Date 9/22/2025
	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) [Signature]	Date 8/4/25



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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 06/20/2025

12

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

Account Number T3510-00-000-0077-00 ✓ HCAD No. 668080 ✓
Legal Description of the Property THE LEGENDS AT CIMARRON LOT 77 ✓ 1610 AUDREY DR
OWNER: FLORES JOSE & MABEL ✓

2024 OVERAGE AMOUNT \$3,052.40 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE
 Loan #: 1000697953

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 shows above	Name COTALITY ✓	Relationship to Property Owner
	Mailing Address PO BOX 9202	Daytime Telephone Number 817-699-2108
	City, State, Zip Code COPPELL TEXAS 75019	Email Address: abhshetty@cotality.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	<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	3052.40 ✓
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>Stanley</i> ✓	Date of application 8-5-25 ✓
	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:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 9/22/2025
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 8/15/25 ✓

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

46v1.22

RECEIVED
 08/19/2025

HIDALGO COUNTY AUDITOR'S OFFICE

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 APPROVED BY: *Jake Solis*
 DATE: 09/04/25 *KR* 09/05/25 9/20/25



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: 07/31/2025

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APPROVED BY: *Jake Solis*
 DATE: 09/04/25 *KR* 09/05/25 *9/20/25*

Account Number T4085-00-000-0005-00 ✓ HCAD No. 621054 ✓
Legal Description of the Property 3100 SUGAR LOT 5 ✓ 804 MOZELLE AVE
OWNER: MUNITUS LTD ✓

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APPLIED INDUSTRIAL TECHNOLOGIES ✓
 1 APPLIED PLAZA
 CLEVELAND, OH 44115

2023 OVERAGE AMOUNT \$2,922.92 ✓

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 #: _____

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 Steven D. Stilianos, Director of Real Estate ✓	Relationship to Property Owner Tenant
	Mailing Address One Applied Plaza	Daytime Telephone Number (216) 426-4144
	City, State, Zip Code Cleveland, OH 44115	Email Address: RealEstate@applied.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	Overpaid the account \$2,922.92 ✓	
	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	\$10,424.92
	Total tax, penalty, and interest amount owed for the year	\$7,502.00
	Amount of refund claimed	\$2,922.92
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 August 7, 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: <u>9/22/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>8/18/25</u> ✓

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