

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

January 5th 2026

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

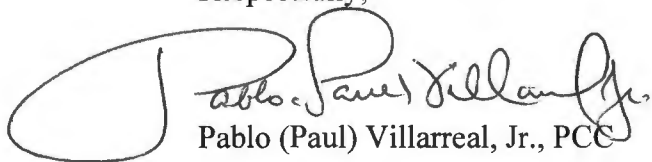
Re: See attached list

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

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ACCOUNT NUMBER	PAYER	AMOUNT
L5367.00.000.0003.00	EDINBURG LONE STAR PLAZA LLC	\$3,264.91
N4700.99.000.0006.01	SWEET DREAMS INC DBA DIAN AUSTI	\$6,209.51
S5950.00.024.0003.00	SIERRA TITLE OF HIDALGO COUNTY INC	\$5,445.00



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 EDINBURG LONE STAR PLAZA LLC ✓
	Present mailing address (number and street) 5221 N MCCOLL RD ✓
	City, town or post office, state, ZIP code MCALLEN, TX 78504-2202
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LONE STAR PLAZA LOT 4 CONDOMINIUM UNIT 3**

Step 2: Describe the property	Address or location of property: 1506 LONESTAR WAY
	1235408 ✓
	Account number of property: L5367.00.000.0003.00 ✓ OR Tax receipt number: 59140157

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 ✓	2024 ✓	1/28 ✓	/	2025 ✓	\$ 3,264.91 ✓
2.			/		\$	\$
3.			/		\$	\$
4.			/		\$	\$
5. TOTAL			/		\$ 3,264.91 ✓	\$ 3,264.91 ✓

Taxpayer's reason for refund (attach supporting documentation): **DHR HAS REQUESTED FUNDS TO BE REFUNDED BACK. PAYER PAID IT IN ERROR DHR CLAIMS THEY ARE RESPONSIBLE FOR TAXES ON THIS PROPERTY. ✓ EM.**

Edinburg Lone Star Plaza stated they wish to have the overpayment paid to the Present Mailing Address in Step 1. See Page 4 for reference. -J.O.

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."	
	Signature <i>[Signature]</i> ✓	Date of application for tax refund 10/13/25

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	
	Authorized officer <i>[Signature]</i>	Date 12/23/2025
	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 10/28/25



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: 03/29/2023

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *Yf* 12/22/25

DATE: 12/11/2025 *KE* 12/12/25

FINAL NOTICE

JUN 25 2025

SWEET DREAMS INC DBA DIAN AUSTI
 1300 E UPAS
 MCALLEN, TX 78501

Account Number N4700-99-000-0006-01 HCAD No. 552057
Legal Description of the Property INVENTORY FURNITURE FIXTURES EQUIPMENT & VEHICLE AT 1300 EAST UPAS / NEW ACCT 1996 1300 E UPAS 78501 OWNER: SWEET DREAMS INC

2022 OVERAGE AMOUNT \$6,209.51

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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>479.968.5455</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>2022</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	<u>8203.18</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 <i>[Signature]</i>	Date of application <u>10.23.25</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		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Date: <u>12/23/2025</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>1/12/25</u>

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

APPLICATION FOR TAX REFUND THE HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name HIDALGO COUNTY TAX OFFICE	APPROVED BY: <u>J.O. [Signature]</u> 12/22/25	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	DATE: <u>12/11/2025</u> <i>KE</i> 12/12/25	
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 G & M REAL ESTATE CO (PAID BY SIERRA TITLE)
	Present mailing address (number and street) 101 VALLE ALTO ST
	City, town or post office, state, ZIP code HIDALGO, TX 78557-3403
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt):

Step 2: Describe the property	STEELE & PERSHING LOT 3 EXC S233.43'-E64' & W90' & S206.16'-W1050'-E1114' EXC N26.16'-E880' LOT 3 BLK 24 29.05AC NET	
	Address or location of property: 290359	
	Account number of property: S5950.00.024.0003.00	Tax receipt number: OR 57755650

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	2024	11/27	/ 2024	\$ 5445.00
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ 5,445.00	\$ 5,445.00

Taxpayer's reason for refund (attach supporting documentation): **PAYER IS REQUESTING TO TRANSFER FUNDS TO CORRECT ACCOUNT HCAD# 1568715.**

PAYER PAID WRONG ACCOUNT.

TRANSFER FUNDS FROM HCAD # 290359 TO HCAD #1568715 EM

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."	
	Signature <i>[Signature]</i>	Date of application for tax refund 11-25-25

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	
	Authorized officer <i>[Signature]</i>	Date 12/23/2025
	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 12/1/25