

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

February 6th 2026

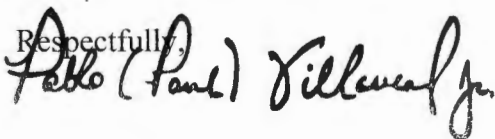
The Honorable Richard F. Cortez
Hidalgo County Commissioners
Edinburg, Texas 78539

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

Pablo "Paul" Villarreal, Jr. PCC.



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

ACCOUNT NUMBER	PAYER	AMOUNT
A2454-00-000-0060-00	HERNANDEZ AUDON & LIDIA (PAID BY ELI VALDEZ TORRES)	\$6,909.91
C6870-00-000-0052-00	SIERRA TITLE OF HIDALGO COUNTY INC ESCROW ACCOUNTS	\$3,247.64
H1465-01-000-0052-00	DE LA GARZA FRANCISCA JOSEFINA GARZA & JESUS ERNESTO VAZQUEZ RIOS (PAID BY: JAIME LOO FLORES)	\$9,735.57
S5355-00-000-0001-00	GARCIA EFRAIN (PAID BY: CORELOGIC)	\$3,299.92
S3298-00-000-0003-00	SHOPS AT SAN JUAN LLC	\$3,142.10
S1088-00-000-0029-00	SAN MATEO DEVELOPMENT INVESTMENT LLC (PAID BY: COTALITY)	\$3,047.14
M2650-00-014-0001-03	FRANCISCO GERARDO JUAREZ	\$22,932.33
T3257-00-000-0072-00	MARIA TAIDE GARZA GUERRA	\$3,871.43



APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	THE 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	APPROVED BY: J.O. <i>lf</i> 1/28/26	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 01/13/2026 <i>ke</i> 01/21/26	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

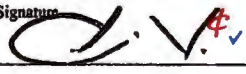
Step 1: Owner's name and address	Owner's name <i>✓</i> HERNANDEZ AUDON & LIDIA (PAYED BY ELI VALDEZ TORRES) <i>✓</i> Present mailing address (number and street) 910 W GARDNER <i>✓</i> City, town or post office, state, ZIP code EDINBURG, TX 78541	Phone (area code and number) (956) 318-2157
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Legal description (or attach copy of the tax bill or tax receipt): ALBERTA MEADOWS LOT 60

Step 2: Describe the property	Address or location of property: 4802 RAVEN CIRCLE WEST 535465 <i>✓</i> Account number of property: A2454.00.000.0060.00 <i>✓</i> OR Tax receipt number: 60285242 <i>✓</i>
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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	2023 <i>✓</i>	06/03 <i>✓</i> / 2025 <i>✓</i>	\$ 1,040.93 <i>✓</i>	\$ 1,040.93 <i>✓</i>
	2.	2022 <i>✓</i>	06/03 <i>✓</i> / 2025 <i>✓</i>	\$ 1,263.35 <i>✓</i>	\$ 1,263.35 <i>✓</i>
	3.	2021 <i>✓</i>	06/03 <i>✓</i> / 2025 <i>✓</i>	\$ 1,416.43 <i>✓</i>	\$ 1,416.43 <i>✓</i>
	4.	2020 <i>✓</i>	06/03 <i>✓</i> / 2025 <i>✓</i>	\$ 1,536.41 <i>✓</i>	\$ 1,536.41 <i>✓</i>
	5. TOTAL	2019 <i>✓</i>	06/03 <i>✓</i> / 2025 <i>✓</i>	\$ 1,652.79 <i>✓</i>	\$ 1,652.79 <i>✓</i>
				TOTAL: \$ 6,909.91 <i>✓</i>	\$ 6,909.91 <i>✓</i>

Taxpayer's reason for refund (attach supporting documentation): PAYER IS REQUESTING FOR FUNDS TO BE RETURNED BACK TO HIM . PAYER PAID WRONG ACCOUNT. 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." sign here <i>Signature</i>  <i>✓</i> Date of application for tax refund: 12-18-2025 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.
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Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved sign here <i>Authorized officer</i>  <i>✓</i> Date: 2/4/2026 sign here <i>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>  <i>✓</i> Date: 1/2/26
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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: 12/08/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *1/30/26*

DATE: 01/26/2026 *KE* 01/27/26

SIERRA TITLE OF HIDALGO COUNTY, INC.
ESCROW ACCOUNTS *+*
 3401 N. 10TH STREET
 MCALLEN, TX 78501

Account Number C6870-00-000-0052-00 <i>+</i> HCAD No. 150958 <i>+</i> <i>✓</i>
Legal Description of the Property COLONIA ESTRELLA LOT 52 721 VILLA AVE AVE OWNER: SALGADO JORGE & RAQUEL <i>+</i> <i>✓</i>

2025 OVERAGE AMOUNT *33,247.64* *+*

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 #: *GF 3205463*

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>Sierra Title Co.</i>	Relationship to Property Owner <i>Closer</i>
	Mailing Address <i>3401 N. 10th St.</i>	Daytime Telephone Number <i>(956) 642-8321</i>
	City, State, Zip Code <i>McAllen, TX, 78501</i>	Email Address: <i>BSantos@Sierratitle.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>09-18, 2016, 2025</i> and am the party entitled to the refund. <i>NSG@Sierratitle.com</i>	
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	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
Attach copies of cancelled checks only if refund is over \$500.00	Amount of refund claimed	
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>BSantos</i> <i>+</i>	Date of application <i>12/30/25</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>1/30/2026</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> <i>+</i> Date: <i>1/12/26</i>

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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	THE 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	APPROVED BY: J.O. [Signature] 1/30/29	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 01/27/2026 KE 01/27/26	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 **DE LA GARZA FRANCISCA JOSEFINA GARZA & JESUS ERNESTO VAZQUEZ RIOS (PAID BY: JAIME LOO FLORES)**

Present mailing address (number and street)
2308 RED RIVER DR

City, town or post office, state, ZIP code
MISSION, TX 78572

Phone (area code and number)

Step 2: Describe the property

Legal description (or attach copy of the tax bill or tax receipt): **HARVEST CREEK AT WARE PH 1 LOT 52**

Address or location of property: **4116 WALNUT AVE, MCALLEN TX 78501**

20834315

Account number of property: **H1465.01.000.0052.00** OR **61239691**

Tax receipt number:

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	2025 ✓	12/10	\$ 9,735.57	\$ 9,735.57 ✓
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 9,735.57 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER PAID ON WRONG ACCT. TP**

Page 3 for Taxpayer Memo

REQUESTING \$3,310.09 TO BE APPLIED TO CORRECT ACCT. #20834370 AND EXCESS TO BE SENT BACK TO TP.

JG

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: **Jaime Loo Flores**

Date of application for tax refund: **1-8-2026**

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 Approved Disapproved

Authorized officer: **[Signature]** Date: **2/4/2026**

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: **1/21/24**

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	THE 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	APPROVED BY: J.O. <i>YJ</i> 1/28/26	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 01/13/2026 <i>KE</i> 01/21/26	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 <i>✓</i> GARCIA EFRAIN (PAID BY CORELOGIC)
	Present mailing address (number and street) 10514 M 2 1/2 EAST <i>✓</i>
	City, town or post office, state, ZIP code MERCEDES, TX 78570
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SPEEDY GONZALEZ ACRES LOT 1
	Address or location of property: 10652 MILE 2 1/2 EAST
	Account number of property: 1183988 <i>✓</i>
	Tax receipt number: 55355.00.000.0001.00 OR 58028275/56988056 <i>✓</i>

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 Tax Refund Requested	
				Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2024 <i>✓</i>	12/17 <i>✓</i> / 2024 <i>✓</i>	\$ 1,562.45 <i>✓</i>	\$ 1,562.45 <i>✓</i>
	2. ALL ENTITIES	2023 <i>✓</i>	05/14 <i>✓</i> / 2024 <i>✓</i>	\$ 1,737.47 <i>✓</i>	\$ 1,737.47 <i>✓</i>
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$ 3,299.92 <i>✓</i>	\$ 3,299.92 <i>✓</i>

Taxpayer's reason for refund (attach supporting documentation): **CORELOGIC HAS REQUESTED ✓ FUNDS TO BE REFUNDED BACK. CORELOGIC PAID WRONG ACCOUNT. *✓* 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."	
	sign here <i>Signature</i> Darden Smith <i>✓</i>	Date of application for tax refund 12/10/25

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 <i>Authorized officer</i> [Signature]	Date 1/30/2026
	sign here <i>Collector(s) of taxing unit(s) for refund applications over \$5000 must insert amount for which governing body approval is required under Section 31.11, tax code</i> [Signature]	Date 12/18/25



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: 12/19/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *YF* 1/30/26
 DATE: 01/27/2026 *KE* 01/27/26

SHOPS AT SAN JUAN LLC *¢*
245 LUTHER DR
ALMOST PARK, TX 78212

Account Number S3298-00-000-0003-00 <i>¢</i> HCAD No. 1309491 <i>¢</i> ✓
Legal Description of the Property SHOPS AT HEB LOT 3 707 W IH 2
OWNER: SHOPS AT SAN JUAN LLC <i>¢</i> ✓

2025 OVERAGE AMOUNT \$3,142.10 *¢*✓

T: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 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>Shops at San Juan, LLC</i>	Relationship to Property Owner <i>owner</i>
	Mailing Address <i>245 Luther Dr.</i>	Daytime Telephone Number <i>210 667 6466</i>
	City, State, Zip Code <i>San Antonio, TX 78212</i>	Email Address: <i>craig@CorporateAssetPartners.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 _____ 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 <i>Paid prior to protest finalization</i>	
	<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>65,206.10</i>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>3,142.10</i>
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> <i>¢</i>	Date of application <i>12.29.2025</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>1/30/2026</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>1/12/26</i>

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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	THE 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	APPROVED BY: J.O. <i>UP</i> 1/28/26	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 01/13/2026 <i>KE</i> 01/21/26	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 SAN MATEO DEVELOPMENT INVESTMENT LLC (PAID BY: COTALITY)
	Present mailing address (number and street) 300 S 2ND ST STE AB
	City, town or post office, state, ZIP code MCALLEN, TX 78501
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SAN MATEO LOT 29
	Address or location of property: SAN MATEO AVE
	1241977
	Account number of property: S1088.00.000.0029.00 OR Tax receipt number: 58028275

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	12/12	\$ 3,047.14	\$ 3,047.14
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.	TOTAL		/	\$	\$ 3,047.14

Taxpayer's reason for refund (attach supporting documentation): PAYER, COTALITY, PAID
INCORRECT PARCEL AND IS REQUESTING TO APPLY FUNDS TO PARCEL#
S1088.00.000.0028.00. KGR CAD No. 1241976

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>Stanley</i>	Date of application for tax refund <i>12-9-25</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.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <i>[Signature]</i>	Date 1/30/2026
	Collector(s) of taxing unit(s) for refund application(s) over (insert amount for which governing body approval is required under section 31.11, tax code) <i>[Signature]</i>	Date 1/5/26



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: 01/05/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 1/30/26

DATE: 01/27/2026 ke 01/27/26

FRANCISCO GERARDO JUÁREZ
 3512 E MILITARY HWY 281
 HIDALGO, TX 78557

Account Number M2650-00-014-0001-03 HCAD No. 231373
Legal Description of the Property MCCOLL, A. J. E297'-W729.15'- LOT 1 BLK 14 9.00 AC GR 8.66 AC NET E MILITARY HWY
OWNER: EL GRAN CHAPARRAL AUTO TRANSPORTES LLC

2025 OVERAGE AMOUNT \$22,932.33

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 29: CITY OF HIDALGO, 52: VALLEY VIEW 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
	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 _____ 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 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 1/30/26
	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>1/30/2026</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>1/26/26</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: 03/11/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 1/28/26
 DATE: 01/14/2026 ke 01/21/26

MARIA TAIDE GARZA GUERRA ϕ
 PRIV. VILLA VERDE 1517 CAMPEST
 CIUDAD VICTORIA, TM 87029

Account Number T3257-00-000-0072-00 ϕ
HCAD No. 709322 ϕ
Legal Description of the Property THE GARDENS AT TRINITY OAKS LOT 72 2916 INDIAN CREEK AVE
OWNER: GARZA JOSE S RAMIREZ ϕ
2024 OVERAGE AMOUNT \$3,871.43 ϕ

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 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	
	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 _____ 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 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 checked="" type="checkbox"/>	Transfer this amount to account <u>709322 ϕ</u>	For tax year <u>2025</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>[Signature]</u> ϕ	Date of application <u>12-22-2025</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> ϕ Date: <u>1/30/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> ϕ Date: <u>1/2/26</u>

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