

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](http://www.hidalgocountytax.org)

March 20th 2026

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

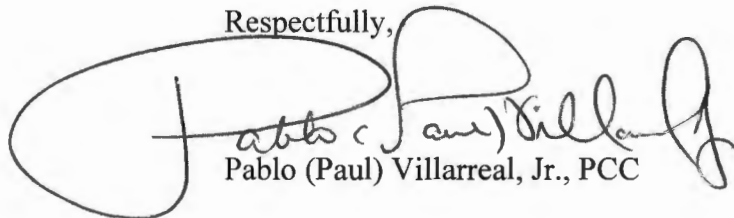
Re: See attached list

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  
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ACCOUNT NUMBER	PAYER	AMOUNT
D6430.00.000.0038.00	COTALITY	\$3,560.92
H2041.00.000.0001.00	CORELOGIC TAX SERVICES LLC	\$3,500.00
H3473.00.000.0054.00	COTALITY	\$8,920.00
I8060.00.000.0036.00	COTALITY	\$4,485.27
L0250.93.035.0004.01	DBA J-IV CONCRETE SERVICE	\$3,471.32
L1005.00.000.0012.00	EDUARDO GARZA	\$3,263.78
L3180.02.000.0184.00	CWL LIMITED - CLEARING	\$4,089.95
O8413.00.000.0001.00	JPO WASH SYSTEMS LLC	\$4,556.08
P7557.00.000.0007.00	TEXAS COMMUNITY BANK	\$3,366.33
S7637.00.000.0007.00	RUBEN GONZALEZ	\$3,072.49
W0100.00.043.0004.04	JUAN M QUINTANILLA	\$5,000.00





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: 12/16/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 3/18/26

DATE: 03/16/2026 [Signature] 03/18/26

**COTALITY**  
3001 HACKBERRY RD  
WESTERN REGION SERVICE CENTER - DFW 4-5  
IRVING, TX 75063-015

Account Number D6430-00-000-0038-00 <b>φ</b>
HCAD No. 670205 <b>φ✓</b>
Legal Description of the Property DOMINION LOT 38 108 E BAYLOR AVE
OWNER: PENA JOSE <b>φ✓</b>
2025 OVERAGE AMOUNT \$3,560.92 <b>φ✓</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE  
Loan #: 8013052322

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 Cotality	Relationship to Property Owner
	Mailing Address PO BOX 9202	Daytime Telephone Number 817-699-2106
	City, State, Zip Code COPPELL TEXAS 75019 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>2025</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>3560.92</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> <b>φ</b>	Date of application <u>2-4-26</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> <b>φ</b> Date: <u>3/25/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> <b>φ</b> Date: <u>2/27/26</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

72e  
 Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Print Date: 12/09/2025

**THE HIDALGO COUNTY AUDITOR'S OFFICE**

APPROVED BY: J.O. 3/18/26

DATE: 03/16/2026 3/18/26

**CORELOGIC TAX SERVICES, LLC** *✕*  
 3001 HACKBERRY ROAD  
 IRVING, TX 75063

Account Number H2041-00-000-0001-00 <i>✕</i> HCAD No. 895262 <i>✕✓</i>
Legal Description of the Property HENRY NEWMANN LOT I  THELMA ST
OWNER: CARDONA RENE JR <i>✓✕</i>  2025 OVERAGE AMOUNT \$3,500.00 <i>✕</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 28: CITY OF MERCEDES, 46: MERCEDES 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>Corelogic</u>	Relationship to Property Owner
	Mailing Address <u>PO Box 9202</u>	Daytime Telephone Number
	City, State, Zip Code <u>Coppell TX 75019</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>2025</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>3500.00</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>J. Harley</u> <i>✓✕</i>	Date of application <u>2-11-26</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> <i>✕</i> Date: <u>3/19/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> <i>✕</i> Date: <u>2/27/26</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: 12/16/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *YF* 3/18/26

DATE: 03/16/2026 *KE* 03/18/26

☛ **COTALITY**  
 3001 HACKBERRY RD  
 WESTERN REGION SERVICE CENTER - DFW 4-5  
 IRVING, TX 75063-015

Account Number H3473-00-000-0054-00☛
HCAD No. 1559111☛✓
Legal Description of the Property HILLS AT SHARYLAND LOT 54
5701 NORTHWESTERN AVE
OWNER: GARCIA ASHLEY I & RAUL GARCIA VENEGAS.&☛

2025 OVERAGE AMOUNT \$8,920.00☛

Loan #: 0213062193

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

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 <b>Cotality</b>	Relationship to Property Owner
	Mailing Address <b>PO BOX 9202</b>	Daytime Telephone Number <b>817-699-2106</b>
	City, State, Zip Code <b>COPELL TEXAS 75019</b>	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>2025</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>8920.00</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 <i>Ashley Garcia</i> ☛	Date of application <u>2-4-26</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>3/19/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>2/27/26</u>

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

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<b>THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	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) <b>P O BOX 178</b>	<b>APPROVED BY: J.O. [Signature]</b> 3/15/26	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	<b>DATE: 02/24/2026 KE 02/25/26</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>MARTINEZ FERNANDO (PAID BY: COTALITY)</b>
	Present mailing address (number and street) <b>3801 W IRIS AVE</b>
	City, town or post office, state, ZIP code <b>MCALLEN TX 78501-3321</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **IVORY PALM ESTATES LOT 36**

Address or location of property: **3801 IRIS AVE**

**569620**

Account number of property: **18060.00.000.0036.00** OR Tax receipt number: **61311356**

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	12/15 / 2025	\$ 4,485.27	\$ 4,485.27
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$ 4,485.27	\$ 4,485.27

Page 3 for Taxpayer Memo

Taxpayer's reason for refund (attach supporting documentation): **PAYER, COTALITY, PAID THE INCORRECT PARCEL AND IS REQUESTING TO BE REFUNDED. 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]** on behalf of Corelogic Date of application for tax refund **2-2-26**

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.

**Step 5: Tax refund Determination**

This tax refund is  Approved  Disapproved

sign here **[Signature]** Authorized officer Date **3/19/2026**

sign here **[Signature]** 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) Date **2/10/26**



**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: 03/31/2025

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 3/15/26  
 DATE: 02/18/2026 KE 02/25/26

**DBA J-IV CONCRETE SERVICE**  
**600 EXPRESSWAY 83**  $\phi$   
**DONNA, TX 78537**

<b>Account Number</b> L0250-93-035-0004-01 $\phi$ HCAD No. 1074070 $\phi$
<b>Legal Description of the Property</b> SPECIAL INVENTORY (TRAILER) AT 600 E INTERSTATE HWY 2 (SEE L0250-99-035-0004-01) / NEW ACCT 2017  1890 W INTERSTATE HWY 2 (N SIDE) 78537  OWNER: J IV TRAILERS $\phi$
<b>2024 OVERAGE AMOUNT \$3,471.32</b> $\phi$

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 30: CITY OF DONNA, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD, 76: CITY OF DONNA(X)

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>Jaime Ozuna</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>600 Expressway 83</u>	Daytime Telephone Number <u>956-929-5070</u>
	City, State, Zip Code <u>Donna, TX 78537</u>	Email Address: <u>jozunaconcrete@yahoo.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 <u>wrote wrong amount</u>	
	<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>5,922.29</u>
	Total tax, penalty, and interest amount owed for the year	<u>2,450.97</u>
	Amount of refund claimed	<u>3,471.32</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> $\phi$	Date of application <u>1-27-2026</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> $\phi$ Date: <u>3/19/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> $\phi$ Date: <u>2/10/26</u>

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

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<b>THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	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) <b>P O BOX 178</b>	<b>APPROVED BY: J.O. [Signature]</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	<b>DATE: 02/24/2026 [Signature] 02/25/26</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <input checked="" type="checkbox"/> ✓ <b>ALANIZ MARY HELEN (PAID BY: EDUARDO GARZA)</b>
	Present mailing address (number and street) <b>1806 E 23RD ST <input checked="" type="checkbox"/> ✓</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78574</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LA HACIENDA LOT 12**

<b>Step 2: Describe the property</b>	Address or location of property: <b>1806 E 23<sup>RD</sup> ST</b>
	<b>209164 <input checked="" type="checkbox"/> ✓</b>
	Account number of property: <b>L1005.00.000.0012.00 <input checked="" type="checkbox"/> ✓</b>
	Tax receipt number: <b>61107587 <input checked="" type="checkbox"/> ✓</b>

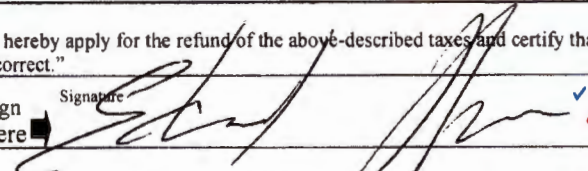
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1.	ALL ENTITIES	2025 <input checked="" type="checkbox"/> ✓	12/03 <input checked="" type="checkbox"/> ✓ / 2025 <input checked="" type="checkbox"/> ✓	\$ 3,263.78 <input checked="" type="checkbox"/> ✓	\$ 3,263.78 <input checked="" type="checkbox"/> ✓
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.	TOTAL		/	\$ 3,263.78 <input checked="" type="checkbox"/> ✓	\$ 3,263.78 <input checked="" type="checkbox"/> ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER, EDUARDO GARZA, SOLD**

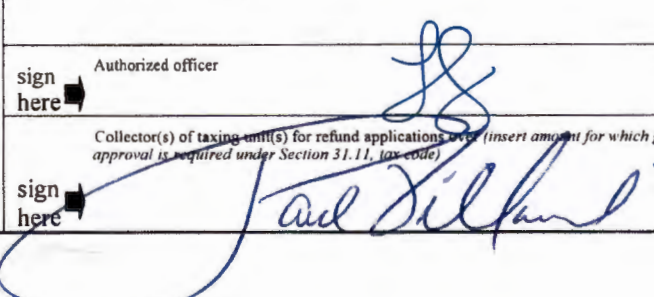
**PARCEL ON 07/25/2025 AND IS REQUESTING FUNDS TO BE TRANSFERRED**

**TO D8000-00-000-0017-00. KGR CAD No. 161519  ✓**

**Page 3 for Taxpayer Memo**

<b>Step 4: sign the form</b>	"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 <input checked="" type="checkbox"/> ✓ 	Date of application for tax refund <b>1/28/2026</b>

**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.**

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here <input checked="" type="checkbox"/> ✓ Authorized officer 	Date <b>3/19/2026</b>
	sign here <input checked="" type="checkbox"/> ✓ 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)	Date <b>1/30/26</b>



**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: 01/05/2026

**THE HIDALGO COUNTY AUDITOR'S OFFICE**

APPROVED BY: J.O. Yf 3/18/26  
 DATE: 03/16/2026 re 03/18/26

**CWL LIMITED - CLEARING** *✕*  
 PO BOX 118  
 EDINBURG, TX 78540

<b>Account Number</b> L3180-02-000-0184-00 <i>✕</i> HCAD No. 1465616 <i>✕✓</i>
<b>Legal Description of the Property</b> LAS ENCINITAS PH 2 LOT 184  6308 CARDIFF AVE  OWNER: HUERTA EDDIE & ESMERALDA ZAPATA <i>✕</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6243: LIGHT FEE LAS ENCINITAS #2  
**2025 OVERAGE AMOUNT \$4,089.95** *✕*  
 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

<b>Step 1: Identify the Payer</b> requesting the refund if different than shown above	Name <u>CWL Limited</u>	Relationship to Property Owner <u>SU</u>
	Mailing Address <u>PO Box 118</u>	Daytime Telephone Number <u>383-0245</u>
	City, State, Zip Code <u>Edinburg TX 78940</u>	Email Address: <u>Dmurchaca@biginvestments.com</u>
<b>Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.</b>	I paid the taxes for year <u>2025</u> and am the party entitled to the refund.	
<b>Step 3: Mark the reason for the refund and provide a brief explanation</b>	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <u>sent by error paid incorrect parcel</u>	
<b>Step 4: Provide payment information</b> 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	
<b>Step 5: How should the refund be processed?</b>	<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	
<b>Step 6: Sign the application form.</b> 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> <i>✕</i>	Date of application <u>3/20/26</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	
<b>AUDITORS USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/19/2026</u>
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>2/27/26</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: 02/11/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. 3/18/26  
 DATE: 03/16/2026 KE 03/18/26

✦ JPO WASH SYSTEMS LLC  
 4866 S JACKSON RD  
 EDINBURG, TX 78539-6537

Account Number 08413-00-000-0001-00 ✦
HCAD No. 1464880 ✦ ✓
Legal Description of the Property OWENS COMMERCIAL PARK LOT 1
3501 BUDDY OWENS BLVD
OWNER: JPO WASH SYSTEMS LLC ✦ ✓
2025 OVERAGE AMOUNT \$4,556.08 ✦

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	JPO Wash Systems, LLC	Relationship to Property Owner	owner
	Mailing Address	4866 S. Jackson Rd	Daytime Telephone Number	956-790-4634
	City, State, Zip Code	Edinburg, TX 78539	Email Address:	ede la rosa @ jpoenterprises.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>2025</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			
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			Date of application
	SIGN HERE	<u>Member</u>		2/13/26
	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: 3/19/2026
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: 2/27/26

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

**APPLICATION FOR TAX REFUND**

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	<b>THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWI.-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	<b>APPROVED BY: J.O.</b> <i>J.O.</i> 3/15/26	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	<b>DATE: 02/27/2026</b> <i>KE</i> 03/03/2026	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <i>φ</i> ✓ <b>RODRIGUEZ EDGAR (PAID BY TEXAS COMMUNITY BANK)</b>	<i>φ</i> ✓
	Present mailing address (number and street) <b>119 W THELMA ST <i>φ</i></b>	
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589-3422</b>	Phone (area code and number)

<b>Step 2: Describe the property</b>	Legal description (or attach copy of the tax bill or tax receipt): <b>PLAZITA PIEDRA GRANDE LOT 7</b>
	Address or location of property: <b>4210 N RAUL LONGORIA RD</b>
	<b>720923 <i>φ</i>✓</b>
	Account number of property: <b>P7557.00.000.0007.00 <i>φ</i></b> OR <b>60808047 <i>φ</i></b>

<b>Step 3: Give the tax payment information</b>	<b>Name Of Taxing Unit from Which Refund is Requested</b>	<b>Year for Which Refund is Requested</b>	<b>Date of the Tax Payment</b>	<b>Amount of Taxes Paid</b>	<b>Amount of Tax Refund Requested</b>
	1. ALL ENTITIES	2025 <i>φ</i> ✓	11/06 <i>φ</i>	2025 <i>φ</i>	\$ 3,366.33 <i>φ</i>
	2.		/	/	\$
	3.		/	/	\$
	4.		/	/	\$
	5. TOTAL				\$ 3,366.33 <i>φ</i>
Taxpayer's reason for refund (attach supporting documentation): <b>PAYER( TEXAS COMMUNITY BANK) IS REQUESTING FOR FUNDS TO BE RETURNED BACK <i>φ</i></b>					
<b>. PAYER PAID WRONG ACCOUNT. EM</b>					

<b>Step 4: sign the form</b>	"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>Trace to Vazquez <i>φ</i> ✓</i>	Date of application for tax refund <b>2/19/26</b>
	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here <i>J.J.</i> Authorized officer	Date <b>3/19/2026</b>
	sign here <i>Jane Sullivan <i>φ</i></i> Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code)	Date <b>2/17/26</b>



**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: 03/11/2025

**THE HIDALGO COUNTY AUDITOR'S OFFICE**

APPROVED BY: J.O. [Signature] 3/15/26

DATE: 02/17/2026 Re 02/25/26

**HCTO**  
**JUAN M QUINTANILLA**  
 1127 DUCK POND RD **☑**  
 MANNING, SC 29102

Account Number W0100-00-043-0004-04 <b>☑</b>
HCAD No. 318421 <b>☑</b>
Legal Description of the Property WEST ADDN TO SHARYLAND N310'-S330'-E261' LOT 43-4 1.86AC GR 1.71AC NET
901 N TROSPER BLVD
OWNER: QUINTANILLA JUAN M. & MARGARITA <b>☑</b>
2024 OVERAGE AMOUNT \$5,000.00 <b>☑</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 21: CITY OF ALTON, 48: MISSION 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>Juan M &amp; Margarita Quintanilla</u>	Relationship to Property Owner <u>Owner</u>
	Mailing Address <u>1127 Duck Pond Rd</u>	Daytime Telephone Number <u>(803) 460-0222</u>
	City, State, Zip Code <u>Manning, SC 29102</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>2024</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>5000.00</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	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	Mail to Property Owner	
	Mail to Payer at address in Step 1	<u>HCAD No. 318421</u> <b>☑</b>
	Transfer this amount to account	<u>W0100-00-043-0004-04</u> For tax year <u>2025</u>
	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> <b>☑</b>	Date of application <u>1/16/2026</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> <b>☑</b> Date: <u>3/19/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> <b>☑</b> Date: <u>2/2/26</u>

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