

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

May 1st 2026

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

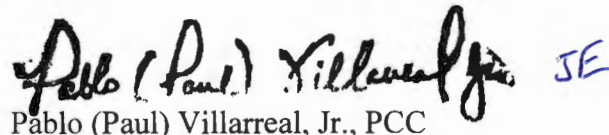
Re: See attached list

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
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| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|--|-------------|
| A1800.00.061.0010.29 | COTALITY | \$2,938.51 |
| B1585.04.000.0102.00 | ALLIED FIRE PROTECTION, LP | \$5,748.43 |
| E3300.00.207.0009.00 | LEGACY FUNERAL PAYABLE CO-OP | \$7,987.17 |
| E3300.00.210.0001.00 | GOLDEN JERSEY PROP LLC | \$3,221.40 |
| D6800.99.000.0000.34 | MCGRATH RENTCORP DBA - MOBILE MODULAR MANAGEMENT CORP | \$60,000.00 |
| K2400.93.000.0125.06 | UTILITY TRAILER OF TEXAS INC | \$15,888.21 |
| S2950.00.000.0352.15 | PUNEET SARASWAT | \$7,299.73 |
| S2979.99.00A.0002.03 | ROSS STORE INC | \$5,813.95 |
| S6250.00.000.0014.00 | ESPONJAS DEVELOPMENT LTD BUILDING TO THE FUTURE | \$10,818.97 |
| S6250.00.000.0014.05 | ESPONJAS DEVELOPMENT LTD BUILDING TO THE FUTURE | \$5,452.27 |
| S6250.00.000.0015.00 | ESPONJAS DEVELOPMENT LTD BUILDING TO THE FUTURE | \$6,085.02 |
| V3840.00.00B.0B11.00 | JOSE TREJO | \$4,640.56 |





PABLO (PAUL) VILLARREAL JR., PCC
 Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

90

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 02/04/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: 4/17/26 LV

DATE: KE 04/17/26 4/26/26

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

| |
|--|
| Account Number A1800-00-061-0010-29 ✓ HCAD No. 113739 ✓ |
| Legal Description of the Property ALAMO LAND & SUGAR CO W100'-E488'-N440' LOT 10 BLK 61 .96 AC NET 6720 E IOWA RD OWNER: NOTORIOUS HOMES LLC-6720 EI PROTECTED SE ✓ |

2025 OVERAGE AMOUNT \$2,938.51 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 8018286544

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: hbillava@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 <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>2938.51</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>Stanley</u> ✓ | Date of application <u>3/18/26</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> Date: <u>4/30/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>[Signature]</u> Date: <u>4/7/26</u> |

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-CW1-SEB-SLV- SML-SMS-SSL-SWL-JCC |
| Present mailing address (number and street) P O BOX 178 | APPROVED BY: J.O. <i>J.O.</i> 4/14/26 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | DATE: 03/27/2026 <i>KE</i> 03/30/26 | 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 ✓
CAZARES MARIA HERRERA (PAID BY: ALLIED FIRE PROTECTION, LP) ✓
 Present mailing address (number and street)
PO BOX 2057 ✓
 City, town or post office, state, ZIP code
SAN JUAN, TX 78589-7057
 Phone (area code and number)

Step 2:
Describe the property
 Legal description (or attach copy of the tax bill or tax receipt). **BAR UT NO. 4 LOT 102**
 Address or location of property: **504 SAN MARCOS ST, SAN JUAN, TX 78589**
122025 ✓
 Account number of property: **B1585.04.000.0102.00** ✓ OR **63092813** ✓ 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 | 2021-2025 ✓ | 01/30 ✓ | / 2026 ✓ | \$ 5,748.43 ✓ |
| 2. | | | / 2026 | \$ |
| 3. | | | / 2026 | \$ |
| 4. | | | / 2026 | \$ |
| 5. TOTAL | | | / 2026 | \$ 5,748.43 ✓ |

Taxpayer's reason for refund (attach supporting documentation): **NOT PAYER ERROR**
~~PAYER~~ PAID ON INCORRECT ACCT.
 REQUESTING \$4,205.42 TO BE APPLIED TO #267126, AND \$1,543.01 TO #1075404.
 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."
 Sign here → *[Signature]* ✓
 Date of application for tax refund: **3/27/26**
 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 → Authorized officer *[Signature]*
 Date: **4/21/2026**
 sign here → Collector(s) of taxing units for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code) *[Signature]* ✓
 Date: **3/13/26**



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

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: *Jake Solis*
 DATE: 03/30/26 *KR* 03/31/26 #1/24/26

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 02/06/2026

RECEIVED
 03/10/2026

HIDALGO COUNTY AUDITOR'S OFFICE

LEGACY FUNERAL PAYABLE CO-OP ✓
 PO BOX 56005
 HOUSTON, TX 77256

| |
|--|
| Account Number E3300-00-207-0009-00 ✓ |
| HCAD No. 164804 ✓ |
| Legal Description of the Property EDINBURG TOWNSITE LOTS 9-10-11-12 BLK 207 ✓ |
| 322 E KUHN ST |
| OWNER: LEGACY FUNERAL HOLDINGS INC ✓ |
| 2025 OVERAGE AMOUNT \$7,987.17 ✓ |

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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 LEGACY FUNERAL HOLDINGS INC ✓ Relationship to Property Owner |
| | Mailing Address 3103 SACKETT ST ✓ Daytime Telephone Number |
| | City, State, Zip Code HOUSTON, TX 77098 ✓ 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 2025 ✓ and am the party entitled to the refund. |
| Step 3: Mark the reason for the refund and provide a brief explanation | Overpaid the account XXX |
| | 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 \$24,705.79 |
| | Total tax, penalty, and interest amount owed for the year |
| | Amount of refund claimed \$7,987.17 ✓ |
| Step 5: How should the refund be processed? | Mail to Property Owner |
| | Mail to Payer at address in Step 1 YES ✓ |
| | Transfer this amount to account For tax year |
| | 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>Paul Villarreal</i> ✓ Date of application 2/25/2026 ✓ |
| | 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 |
| AUDITORS USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: 5/1/2026 |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied By: <i>[Signature]</i> Date: 3/10/26 ✓ |

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: 03/24/2026

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Francisco Saenz*
 DATE: 4/16/2026 *KR* 04/17/26 4/26/26

GOLDEN JERSEY PROP LLC
 115 W MCINTYRE ST
 EDINBURG, TX 78541-3337

| |
|--|
| Account Number E3300-00-210-0001-00 |
| HCAD No. 164819 |
| Legal Description of the Property EDINBURG TOWNSITE ALL LOTS 1-6; W16- LOT 18 & ALL LOTS 19-24 & ALLEY BETWEEN LOTS EAST & WEST BLK 210 |
| 202 - 222 10TH AVE |
| OWNER: GOLDEN JERSEY PROP LLC |

2025 OVERAGE AMOUNT \$3,221.40

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 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 | 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 <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 | \$39,256.97 |
| | Total tax, penalty, and interest amount owed for the year | \$36,015.57 |
| | Amount of refund claimed | \$3,221.40 |
| 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>Paul Villarreal</i> | Date of application <u>3/30/26</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>4/30/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <u>4/17/26</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. *[Signature]* 4/26/26
 DATE: 04/06/2026 *[Signature]* 04/10/26

MCGRATH RENTCORP
DBA-MOBILE MODULAR MANAGEMENT CORP
5700 LAS POSITAS ROAD
LIVERMORE, CA 94551

| |
|--|
| Account Number D6800-99-000-0000-34 ✓ HCAD No. 767305 ✓ |
| Legal Description of the Property LEASED EQUIPMENT AT DONNA SDN & CDN / NEW ACCT 2006 1401 - S SALINAS BLVD OWNER: MCGRATH RENTCORP ✓ |

2025 OVERAGE AMOUNT \$60,000.00 ✓

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

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>McGrath Rentcorp</u> | Relationship to Property Owner |
| | Mailing Address <u>5700 Las Positas Road</u> | Daytime Telephone Number |
| Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer. | City, State, Zip Code <u>Livermore, CA 95127</u> | Email Address: |
| | 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 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 | <u>\$60,000.00</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 |
| | <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>3-4-2026</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> Date: <u>5/1/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>[Signature]</u> Date: <u>3/18/26</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: 02/23/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. 4/26/26

DATE: 04/10/2026 ke 04/10/26

UTILITY TRAILER OF TEXAS INC
PO BOX 24399
HOUSTON, TX 77229

Account Number: K2400-93-000-0125-06
HCAD No. 842212
Legal Description of the Property: SPECIAL INVENTORY (HEAVY) AT 3420 N CAGE BLVD (SEE K2400-99-000-0125-00) / NEW ACCT 2013
3420 N CAGE BLVD 78577
OWNER: UTILITY TRAILER SALES SOUTHEAST TEXAS INC

2025 OVERAGE AMOUNT \$15,888.21

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.

Step 1: Identify the Payer requesting the refund... Name: Utility Trailer of Texas, Relationship: Self, Mailing Address: PO Box 24399, Houston, TX 77229. Step 2: I paid the taxes for year 2025. Step 3: Overpaid the account. Step 4: Total amount paid by this taxpayer, Total tax, penalty, and interest amount owed for the year, Amount of refund claimed. Step 5: Mail to Property Owner. Step 6: SIGN HERE: Wendy Kohler, CFO, Date of application: 3/11/2026. AUDITORS USE ONLY: Approved, Date: 5/1/2026. TAX OFFICE USE ONLY: Approved, Date: 3/18/26.



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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis

DATE: 03/31/26 KE 04/01/26

4/26/26
 Phone No.: (956) 318-2157
 Fax No.: 956-318-2733

Print Date: 02/17/2026

RECEIVED
 03/25/2026

HIDALGO COUNTY AUDITOR'S OFFICE

PUNEET SARASWAT ✓
 4217 WALNUT AVE UNIT 4
 MCALLEN, TX 78501

| |
|--|
| Account Number S2950-00-000-0352-15 ✓ HCAD No. 281928 ✓ |
| Legal Description of the Property JOHN H SHARY N264'-W165'-E429' LOT 352 1.00AC NET ✓ 1916 HIDDEN POND DR |
| OWNER: SARASWAT PUNEET ✓ |

2025 OVERAGE AMOUNT \$7,299.73 ✓

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

Loan #: 2012 157318

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>Puneet Saraswat</u> ✓ Relationship to Property Owner |
| | Mailing Address <u>1916 Hidden Pond Dr.</u> Daytime Telephone Number |
| Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer. | City, State, Zip Code <u>Palmhurst, Tx, 78573</u> Email Address: |
| | 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 | Overpaid the account ✓ ✓ |
| | Duplicate payment |
| | Paid in error (explain) <u>✓, My Escrow pays it but I paid by Credit too.</u> |
| 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>\$ 7,299.73</u> ✓ |
| Step 5: How should the refund be processed? | Mail to Property Owner |
| | Mail to Payer at address in Step 1 ✓ ✓ |
| | Transfer this amount to account For tax year |
| | 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>03/06/2026</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> Date: <u>4/30/2026</u> | |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved ✓ <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>3/24/26</u> ✓ | |

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

MAR 04 2026



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

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

Print Date: 02/10/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. *lf* 4/26/26
DATE: 04/13/2026 *KE* 04/16/26

✓ ROSS STORE INC
5130 HACIENDA DRIVE
DUBLIN, CA 94568

Account Number
S2979-99-00A-0002-03 ✓
IICAD No. 796606 ✓

Legal Description of the Property
INVENTORY SUPPLIES FURNITURE FIXTURES &
EQUIPMENT AT 2421 EXPWY 83/NEW ACCT
2011

2421 E INTERSTATE HWY 2 (N SIDE) 78572

OWNER: ROSS DRESS FOR LESS #1069 ✓

2025 OVERAGE AMOUNT \$5,813.95 ✓

Loan #: _____

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 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: *Nicole Maloy* Relationship to Property Owner: *Agent*
Mailing Address: *15 W 6th St Ste 400* Daytime Telephone Number: *918.932.1204*
City, State, Zip Code: *Tulsa, OK 74119* Email Address: *Nicole.Maloy@kryan.com*

Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.

I paid the taxes for year *2025* and am the party entitled to the refund.

Step 3: Mark the reason for the refund and provide a brief explanation

- Overpaid the account
- Duplicate payment
- Paid in error (explain)

Step 4: Provide payment information
Attach copies of cancelled checks only if refund is over \$500.00

Total amount paid by this taxpayer: *23,125.00*
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
- Transfer this amount to account For tax year _____
- Escrow for next year's taxes

Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed

By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct

SIGN HERE: *[Signature]* Date of application: *3/16/26*

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:

Approved Denied By: *[Signature]* Date: *4/29/2026*

TAX OFFICE USE ONLY:

Approved Denied By: *[Signature]* Date: *4/2/26*

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

APPROVED BY: *Jake Solis*

DATE: 03/31/26 *KR* 04/01/26 *4/26/26*



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: 02/09/2026

RECEIVED
 03/25/2026 RECEIVED FEB 26 2026

HIDALGO COUNTY AUDITOR'S OFFICE

ESPONJAS DEVELOPMENT, LTD ✓
BUILDING FOR THE FUTURE
 2912 S JACKSON RD
 MCALLEN, TX 78503

| |
|---|
| Account Number S6250-00-000-0014-00 ✓ |
| HCAD No. 290834 ✓ |
| Legal Description of the Property STEWARTS ADDITION TO THE CONWAY GARDENS ✓ E24.85AC EXC W472.79'-N340' LOT 14 21.22AC GR 20.82AC NET |
| EL GATO RD E OF STEWART OWNER: ESPONJAS DEVELOPMENT LTD ✓ |

2025 OVERAGE AMOUNT \$10,818.97 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 6: EMS DIST #4, 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 | 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 <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 | 11,129.50 |
| | Total tax, penalty, and interest amount owed for the year | 310.53 |
| | Amount of refund claimed | 10,818.97 |
| 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>EMU</i> ✓ | Date of application <u>3-9-26</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>4/30/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <u>3/24/26</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: ~~03/31/26~~ *KR* 04/01/26 4/26/26



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: 02/09/2026

RECEIVED
 03/25/2026

RECEIVED FEB 26 2026

HIDALGO COUNTY AUDITOR'S OFFICE

ESPONJAS DEVELOPMENT, LTD
 BUILDING FOR THE FUTURE
 2912 S JACKSON RD
 MCALLEN, TX 78503

Account Number

S6250-00-000-0014-05 ✓
 HCAD No. 541121 ✓

Legal Description of the Property

STEWARTS ADDITION TO THE CONWAY GARDENS
 W500'-S980' LOT 14 11.27AC GR 10.58AC NET ✓

STEWART & EL GATO RD
 OWNER: ESPONJAS DEVELOPMENT LTD ✓

2025 OVERAGE AMOUNT \$5,452.27 ✓

1: 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 | 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 <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 | 5,608.78 |
| | Total tax, penalty, and interest amount owed for the year | 156.51 |
| | Amount of refund claimed | 5,452.57 ✓ |
| 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>Educa</i> ✓ | Date of application <u>3-9-26</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>4/30/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <u>3/24/26</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

RECEIVED

03/25/2026

Phone No.: (956) 318-2157

HIDALGO COUNTY AUDITORS OFFICE Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 02/09/2026

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Jake Solis* 4/26/26

DATE: *03/31/26 KR* 04/01/26 RECEIVED FEB 26 2026

ESPNJAS DEVELOPMENT, LTD ✓
BUILDING FOR THE FUTURE
 2912 S JACKSON RD
 MCALLEN, TX 78503

| |
|---|
| Account Number S6250-00-000-0015-00 ✓ HCAD No. 290835 ✓ |
| Legal Description of the Property STEWARTS ADDITION TO THE CONWAY GARDENS ✓ LOT 15 EXC N342.1'-S632.80'-E317.8' 11.71 AC NET EL GATO RD E OF STEWART OWNER: ESPNJAS DEVELOPMENT LTD ✓ |

2025 OVERAGE AMOUNT \$6,085.02 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 6: EMS DIST #4, 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

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| | | |
|--|---|---|
| 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 <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 | <u>6,259.68</u> |
| | Total tax, penalty, and interest amount owed for the year | <u>174.66</u> |
| | Amount of refund claimed | <u>6,085.02</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 |
| | <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>3-9-26</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>4/30/2026</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <u>3/24/26</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: 02/25/2026

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Alejandro Torres*

DATE: 4/9/2026 *KE* 04/13/26 *JA*
 4/27/26

JOSE TREJO
104 S BROADWAY
MCALLEN, TX 78501

| |
|---|
| Account Number V3840-00-00B-0B11-00 <i>φ</i> HCAD No. 665778 <i>✓φ</i> |
| Legal Description of the Property VILLAS PUESTA DEL SOL CONDOMINIUMS BLDG B UT B11 800 SUNSET DR-B11 OWNER: 418 N 11TH STREET LLC <i>✓φ</i> |

2025 OVERAGE AMOUNT \$4,640.56 *✓φ*

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 <i>Jose L. Trejo</i> | Relationship to Property Owner |
| | Mailing Address <i>3808 Sundown Ct.</i> | Daytime Telephone Number |
| | City, State, Zip Code <i>McAllen TX 78503</i> | 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 <i>2025</i> and am the party entitled to the refund. | |
| Step 3: Mark the reason for the refund and provide a brief explanation | Overpaid the account <i>4640.56</i> | |
| | Duplicate payment | |
| | Paid in error (explain) <i>Bank error</i> | |
| Step 4: Provide payment information. Attach copies of cancelled checks only if refund is over \$500.00 | Total amount paid by this taxpayer | |
| | Total tax, penalty, and interest amount owed for the year | |
| | Amount of refund claimed | |
| Step 5: How should the refund be processed? | <input checked="" type="checkbox"/> Mail to Property Owner | |
| | <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>✓φ</i> | Date of application <i>3/12/26</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>5/1/2026</i> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <i>3/18/26</i> |

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