

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

June 1, 2026

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

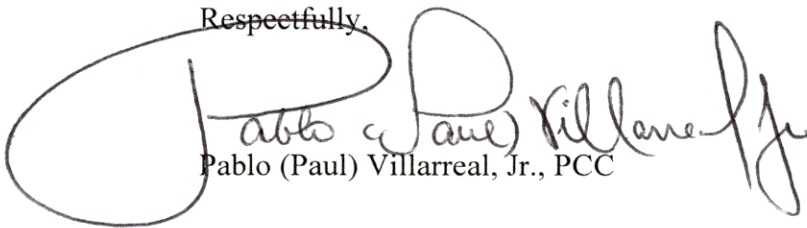
Re: See attached list

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.

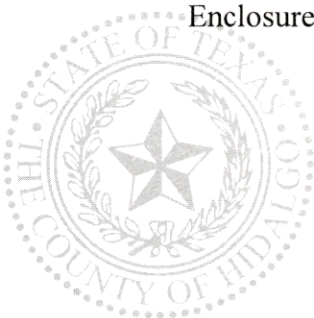
Respectfully,



Pablo (Paul) Villarreal, Jr., PCC

KGR

Enclosure



Office of Tax Assessor-Collector

COUNTY of HIDALGO

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ACCOUNT NUMBER	PAYER	AMOUNT
C2672.00.008.0006.00	PHARRI INVESTMENTS LLC	\$4,859.15
E4395.01.000.0043.00	LESLIE SOLIS	\$4,987.78
E4395.01.000.0043.00	NICO'S DRIVE THRU LLC	\$8,632.20
S2352.00.000.0002.00	HLAVINKA HOLDINGS I LLC	\$3,000.00
S3425.00.000.0039.00	COTALITY	\$4,418.94





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: Alejandro Torres *[Signature]*
DATE: 4/27/2026 KE 04/28/26 *[Signature]* 5/26/26

PHARRI INVESTMENTS, LLC
3 VOSS PARK DR. ♣
HOUSTON, TX 77024

Account Number ♣ C2672-00-008-0006-00 HCAD No. 603849 ♣✓
Legal Description of the Property CENTER POINTE LOT 6,7 & W1/2 LOT 8 BLK 8 3414 - 3430 W ALBERTA RD OWNER: PHARR I INVESTMENTS LLC ♣✓
2025 OVERAGE AMOUNT \$4,859.15 ♣✓

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 DHARRI INVESTMENTS	Relationship to Property Owner
	Mailing Address SAME PAYER ADDRESS	Daytime Telephone Number
	City, State, Zip Code	Email Address: JOY0750@gmail.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	<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	\$4,859.15
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input checked="" type="checkbox"/> Transfer this amount to account N/A	For tax year
	<input checked="" type="checkbox"/> Escrow for next year's taxes N/A	
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 04/07/2026
	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: 5/29/2026
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 4/16/26

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.  5/26/26	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 04/07/2026 <i>Kye</i> 04/13/26	

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

Step 1: Owner's name and address	Owner's name ✓ CADENA CELIA (PAID BY: LESLIE SOLIS)	
	Present mailing address (number and street) 114 TAHITI DR ✓	
	City, town or post office, state, ZIP code WESLACO, TX 78599	Phone (area code and number)

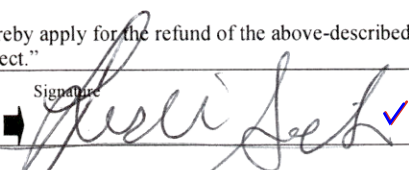
Legal description (or attach copy of the tax bill or tax receipt): **EL LUCERO PH 1 LOT 43**


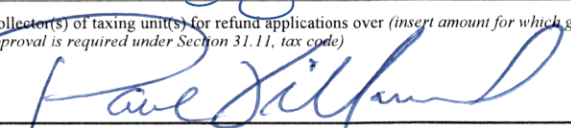
Step 2: Describe the property	Address or location of property: EL LUCERO ST 671586 ✓ Account number of property: E4395.01.000.0043.00 ✓ OR 57210823 ✓
	Tax receipt number:

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	2018 ✓	07/23 ✓ / 2024 ✓	\$ 2,130.08 ✓	\$ 2,130.08 ✓
	2. ALL ENTITIES	2019 ✓	07/23 ✓ / 2024 ✓	\$ 2,857.70 ✓	\$ 2,857.70 ✓
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$ 4,987.78 ✓	\$ 4,987.78 ✓

Taxpayer's reason for refund (attach supporting documentation): **PAYER, LESLIE SOLIS, PAID**

INCORRECT PARCEL AND IS REQUESTING FUNDS 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."	Date of application for tax refund
	sign here  ✓	3/12/2026
	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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer 	Date 5/29/2026
	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)	Date 3/18/26
	sign here  ✓	

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] 5/26/26	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: 04/30/2026 <i>KE</i> 05/01/2026	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 ✓ CADENA CELIA (PAID BY: NICO'S DRIVE THRU LLC)
	Present mailing address (number and street) ✓ 114 TAHITI DR
	City, town or post office, state, ZIP code WESLACO, TX 78599
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **EL LUCERO PH 1 LOT 43**

Step 2: Describe the property	Address or location of property: EL LUCERO ST	
	671586 ✓	
	Account number of property: ✓ E4395.01.000.0043.00	Tax receipt number: ✓ 57300628,57345894,57480867,57801444,59 ✓587332,59587280,59587240,60042154,6032 ✓6961,60398343

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	✓ 2019-2020 ✓ 08/29	/ ✓ 2024	\$ 693.39 ✓	\$ 693.39 ✓
2. ALL ENTITIES	✓ 2020 ✓ 09/27	/ ✓ 2024	\$ 693.39 ✓	\$ 693.39 ✓	
3. ALL ENTITIES	✓ 2020 ✓ 11/01	/ ✓ 2024	\$ 693.39 ✓	\$ 693.39 ✓	
4. ALL ENTITIES	✓ 2020 ✓ 12/03	/ ✓ 2024	\$ 693.39 ✓	\$ 693.39 ✓	
5. TOTAL.		/	\$ CONT	\$ CONT	

Per HCTO, \$1,907.33 will be applied to Acct. #671587 & \$6,724.87 will be refunded to the payer.

Taxpayer's reason for refund (attach supporting documentation): **PAYER, NICO'S DRIVE THRU LLC, PAID INCORRECT PARCEL AND IS REQUESTING FUNDS TO APPLY TOWARDS PARCEL #E4395.01.000.0044.00. ANY OVERAGE IS TO BE REFUNDED. KGR**

CAD NO. 671587 ✓

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 [Signature] ✓	Date of application for tax refund 3/12/2024
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	sign here → Authorized officer [Signature]	Date 5/29/2026
	sign here → Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) [Signature] ✓	Date 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

Phone No.: (956) 318-2157
 Fax No.: 956-318-2733
 Print Date: 01/20/2026

HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: E.L. UP 5/26/26
 DATE: 4/23/2026 KE 04/23/26

HLAVINKA HOLDINGS I, LLC ϕ
 PO BOX 1188
 EAST BERNARD, TX 77435

Account Number S2352-00-000-0002-00 ϕ HCAD No. 631963 $\checkmark\phi$
Legal Description of the Property SEIVER TRACT 2 801 E IH 2 (EXPWY 83) OWNER: HLAVINKA HOLDINGS I LLC $\checkmark\phi$

2025 OVERAGE AMOUNT \$3,000.00 $\checkmark\phi$

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>Hlavinka Holdings I LLC ϕ</u> Relationship to Property Owner <u>Member</u>
	Mailing Address <u>Po Box 1188</u> Daytime Telephone Number <u>281-239-5870</u>
	City, State, Zip Code <u>East Bernard TX 77435</u> Email Address: <u>Kenneth.Hlavinka@Hlavinka.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>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 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 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> $\checkmark\phi$ Date of application <u>3-31-26</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>5/29/2026</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> ϕ Date: <u>4/16/26</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

38
 Phone No.: (956) 318-2157
 Fax No.: 956-318-2733

Print Date: 01/15/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O. [Signature] 5/26/26

DATE: 04/23/2026 Ke 04/24/26

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

Account Number S3425-00-000-0039-00 ✓ HCAD No. 1473555 ✓
Legal Description of the Property SIENNA RIDGE LOT 39
OWNER: CASTELLANOS JORGE & DANIELA ESTEVANE ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 3: EMS DIST #1, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6254: LIGHT FEE SIENNA RIDGE SUBD
 2025 OVERAGE AMOUNT \$4,418.94 ✓
 Loan #: 8990319728

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 70159 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	<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	4418.94
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 [Signature]	Date of application 3/11/26
	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: [Signature] Date: 5/29/2026
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: [Signature] Date: 4/16/26

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