

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

September 4th 2026

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

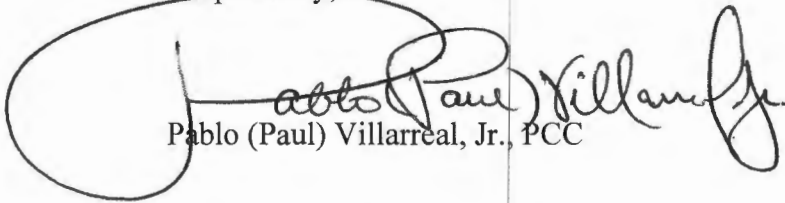
Re: See attached list

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,



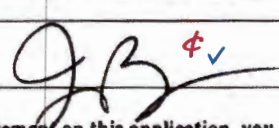
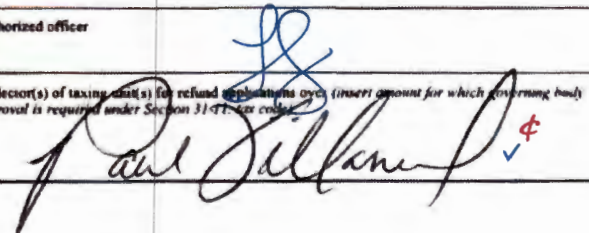
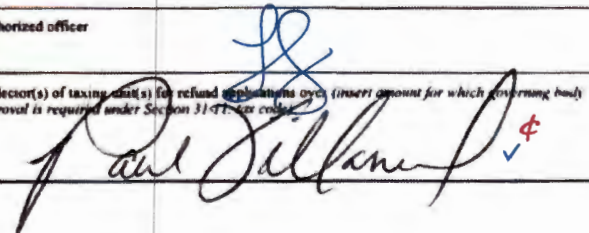
Pablo (Paul) Villarreal, Jr., PCC

CG

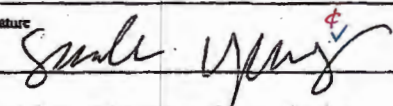
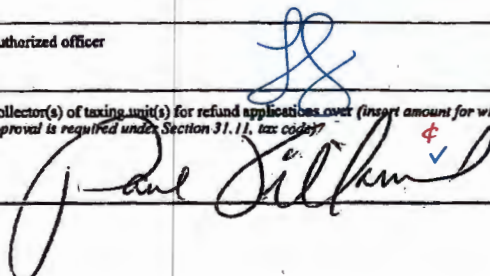
Enclosure



APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		APPROVED BY: <u>Alejandro Torres</u>					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		DATE: <u>8/18/2026</u> <u>KE 08/25/2026</u>					
		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 RY INVESTMENTS LLC (PAID BY: COTALITY)						
	Present mailing address (number and street) 212 KILDARE						
	City, town or post office, state, ZIP code CIBOLO, TX 78108-3981		Phone (area code and number)				
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): BEAMSLEY LOTS 56						
	Address or location of property: 1208 TRUMAN ST						
	583824						
	Account number of property: B2035.00.000.0056.00		Tax receipt number: OR 61311324				
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 ✓	\$ 2,707.79	\$ 2,707.79 ✓
	2.					\$	\$
	3.					\$	\$
	4.					\$	\$
	5. TOTAL					\$ 2,707.79	\$ 2,707.79 ✓
	Taxpayer's reason for refund (attach supporting documentation): PAYER, COTALITY, PAID THE						
	INCORRECT PARCEL AND IS REQUESTING TO TRANSFER FUNDS TO PARCEL						
	HCAD:20832509 ✓						
	B2035.00.000.0057.00. 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 				Date of application for tax refund 8/13/2026		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	sign here 				Date 9/1/2026		
	sign here 				Date 8/7/26		

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178						
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157				
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name ✓ ✗ RODRIGUEZ PAOLO ANDRES (PAID BY: COTALITY) ✗ ✓					
	Present mailing address (number and street) 15726 E DAVIS RD ✗					
	City, town or post office, state, ZIP code EDINBURG, TX 78542-1117		Phone (area code and number)			
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): TEX-MEX SURVEY					
	W95.18'-E1159.24'-S267.29'- N1214' LOT 11 SEC 239 0.58AC NET.					
	Address or location of property: 1812 SUGARCANE SR, EDINBURG, TX 78541					
	295298 ✗ ✓					
	Account number of property: T2100.00.239.0011.16 ✗ ✓		Tax receipt number: OR 61311675 AND 58028275 ✗ ✗			
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2025 ✓	12/15	/ 2025 ✗	\$ 2,015.39 ✗ ✓
	2. ALL ENTITIES		2024 ✓	12/12	/ 2024 ✗	\$ 1,687.23 ✗ ✓
	3.				/	\$
	4.				/	\$
	5. TOTAL				/	\$ 3,702.62 ✗ ✓
	Taxpayer's reason for refund (attach supporting documentation): PAYER PAID ON INCORRECT ACCT.					
	REQUESTING \$3,702.62 BE REFUNDED BACK TO PAYER. ✗					
	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 4/1/26
	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  ✗ ✓				Date 9/1/2026
	sign here	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approved is required under Section 31.11, tax code)				Date 7/13/26

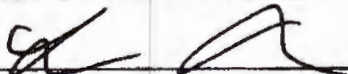
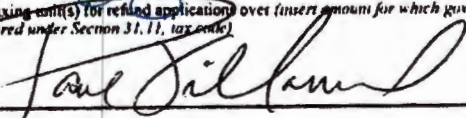
RECEIVED

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 8/18/26DATE: 07/06/26 KR 08/10/2026

APPLICATION FOR TAX REFUND

06/17/2026

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SLB-SI V- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name ☒ D'ARRIGO JOSEPH A (PAID BY: CORELOGIC TAX SERVICES, LLC)						
	Present mailing address (number and street) 145 E CHAPIN ST ☒						
	City, town or post office, state, ZIP code EDINBURG, TX 78541-2533		Phone (area code and number)				
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt) TWILIGHT PARK S210.97'-LOT 7 & S ☒						
	210.97'-E50.27'-LOT 6 ☒						
	Address or location of property 145 E CHAPIN ST ☒						
	309966 ☒						
	Account number of property T8300-00-000-0007-00 ☒ OR 63191171						
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 ☒		2022-2025 ☒	02/27 ☒	2026 ☒	\$ 3,870.42 ☒	\$ 3,870.42 ☒
	2.					\$	\$
	3.					\$	\$
	4.					\$	\$
	5. TOTAL					\$ 3,870.42 ☒	\$ 3,870.42 ☒
	Taxpayer's reason for refund (attach supporting documentation): PAYER, CORELOGIC TAX SERVICES, LLC, PAID THE INCORRECT PARCEL AND IS REQUESTING A REFUND. IR						
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  ☒					Date of application for tax refund 5/14/2026 ☒	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	sign here  ☒					Date 9/1/2026	
	sign here  ☒					Date 6/12/26 ☒	

APPLICATION FOR TAX REFUND

RECEIVED

06/22/2026

HIDALGO COUNTY AUDITOR'S OFFICE

Collection office name
HIDALGO COUNTY TAX OFFICEPresent mailing address (number and street)
P O BOX 178City, town or post office, state, ZIP code
EDINBURG TX 78540-0178Collecting tax for: (Tax Units)
GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-
CLV-CMS-CPN-CPO-CWL-SEB-SLV-
SML-SMS-SSL-SWL-JCCPhone (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 DAVILA YOLANDA (PAID BY: RUTH ANN SUTTER)
Present mailing address (number and street)
7412 ROSEBUD
City, town or post office, state, ZIP code
MISSION, TX 78574

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): WEST ESTATES LOT 44**Step 2:**
Describe the propertyAddress or location of property: 7412 ROSEBUD DRIVE649720

Account number of property:

W2930.00.000.0044.00

OR

61295222Confirmed through ACT that
Tax Payor was not the tax
owner of this property for the
applied years

Tax receipt number:

Step 3:
Give the tax payment informationName
Of Taxing Unit from Which
Refund is RequestedYear
for Which Refund
is RequestedReceipt date
is 12/12Date
of the
PaymentAmount
of
Taxes PaidAmount
of Tax Refund
Requested

1. ALL ENTITIES

2015-2025

12/16

/ 2025

\$ 5273.23

\$ 5273.23

2. 8001-OVERPAYMENT

2025

12/16

/ 2025

\$ 694.02

\$ 694.02

3.

/

\$

\$

4.

/

\$

\$

5. TOTAL

/

\$ 5967.25

\$ 5967.25

Deposit Date

Taxpayer's reason for refund (attach supporting documentation): PAYER, RUTH ANN SUTTERPAID INCORRECT ACCOUNT, IS REQUESTING FUNDS TO BE APPLIED TOCORRECT ACCOUNT HCAD# 649320. BA**Step 4:**
sign the form

"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."

Signature
sign here Ruth Ann Sutter

Date of application for tax refund

5/11/26

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.

Step 5:
Tax refund DeterminationThis tax refund is ☒ Approved ☐ DisapprovedAuthorized officer
sign here [Signature]

Date

9/1/2026Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)
sign here [Signature]

Date

6/12/26

A portion of the Paid in Error amount was coded as an 8001 overpayment; however, the taxpayer is requesting that the entire payment amount, including the 8001 overpayment portion, be transferred to the correct account.



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: 06/04/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O.

DATE: 08/14/2026 *ke* 08/18/26

✓ GENUINE PARTS COMPANY
4625 RIVERGREEN PARKWAY
DULUTH, GA 30096

Account Number
E7200-99-001-0000-00 ✓
CAD No. 1569072 ✓

Legal Description of the Property
INVENTORY SUPPLIES FURNITURE FIXTURES
SUPPLIES EQUIPMENT & VEHICLES AT 511 N
TEXAS BLVD / NEW ACCT 2024

511 N TEXAS BLVD 78596

OWNER: LMG SALES INCORPORATED ✓

2025 OVERAGE AMOUNT \$21,947.91 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO 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	Genuine Parts	Relationship to Property Owner	State Acct
	Mailing Address	PO Box 4907	Daytime Telephone Number	770-601-3241
	City, State, Zip Code	Morris Cross GA 30091	Email Address:	Teresa Hackney @ genpt.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	Acct E 7200 99 00, 0000 00		
	☐ 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	44291.24		
	Total tax, penalty, and interest amount owed for the year	44291.24		
	Amount of refund claimed	21947.89		
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	<i>Teresa Hackney</i> ✓	Date of application	6-4-26
	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 17.10			
AUDITORS USE ONLY:	☒ Approved	☐ Denied	By: <i>[Signature]</i>	Date: 9/1/2026
TAX OFFICE USE ONLY:	☒ Approved	☐ Denied	By: <i>[Signature]</i>	Date: 6/26/26

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

RECEIVED
July 23, 2026

HIDALGO COUNTY AUDITOR'S OFFICE



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: 03/11/2026

RECEIVED
04/21/2026

HIDALGO COUNTY AUDITOR'S OFFICE

CAGED RETAIL PARTNERS LTD
1207 ANTOINE RD
HOUSTON, TX 77055-6920

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis 3/18/26

DATE: 07/09/26 KR 08/10/2026

Account Number

K2400-00-000-0253-01 ✓

HCAD No. 203078 ✓

Legal Description of the Property

KELLY PHARR TRACT N750'-E367'-W417' EXC
AN IRR TR E40.81'-N159.01' LOT 253 ✓
6.137AC GR 5.955AC NET

3501 S CAGE BLVD 78577

OWNER: CAGED RETAIL PARTNERS LTD ✓

2025 OVERAGE AMOUNT \$4,599.67 ✓

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. 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>Same as above</u> ✓	Relationship to Property Owner
	Mailing Address		Daytime Telephone Number <u>713-961-0280</u>
	City, State, Zip Code		Email Address: <u>swaife@laseo</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>2024-2025</u> and am the party entitled to the refund.		
	Step 3: Mark the reason for the refund and provide a brief explanation		
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	☐ Overpaid the account		
	☐ Duplicate payment		
	☐ Paid in error (explain)		
Step 5: How should the refund be processed?	Total amount paid by this taxpayer		
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed		
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	☐	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>Sharon Vickers</u> ✓		Date of application <u>4-7-2026</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:	☒ Approved	☐ Denied	By: <u>[Signature]</u> Date: <u>9/1/2026</u>
TAX OFFICE USE ONLY:	☒ Approved ✓	☐ Denied	By: <u>[Signature]</u> 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

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. *JP* 8/10/26

DATE: 07/07/2026 *KE* 07/13/26

✓ **BRINKER INTERNATIONAL PAYROLL COMPANY LP**
3000 OLYMPUS BLVD
DALLAS, TX 75019-488

Account Number
P7544-00-000-0003-00 ✓
HCAD No. 1379381 ✓

Legal Description of the Property
PLAZA SAN JUAN LOT 3

1411 EXPWY 83

OWNER: WMTW INC ✓

2025 OVERAGE AMOUNT \$3,929.53 ✓

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	Brinker International Payroll	Relationship to Property Owner	
	Mailing Address	3000 Olympus Blvd	Daytime Telephone Number	972-770-4937
	City, State, Zip Code	Dallas, TX 75019	Email Address:	annabelle.andaria@brinker.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			
	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 3000 Olympus Blvd, Dallas, TX 75019			
	☐ 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			Date of application
	SIGN HERE <i>JP</i>			4/27/2026
	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:	☒ Approved	☐ Denied	By: <i>JP</i>	Date: 8/19/2026
TAX OFFICE USE ONLY:	☒ Approved	☐ Denied	By: <i>Paul Villarreal</i>	Date: 6/12/26

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: 06/30/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O.

DATE: 08/21/2026 KR 08/27/2026

✓ RANCHO BRITO, LLC
2015 N SHARY RD
MISSION, TX 78572

Account Number
T3020-00-000-0019-00 ✓
CAD No. 1641525 ✓

Legal Description of the Property
THE COVES LOT 19

JESSICA LN

OWNER: RANCHO BRITO LLC ✓

2025 OVERAGE AMOUNT \$4,217.94 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO 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	RANCHO BRITO, LLC		Relationship to Property Owner	OWNER
	Mailing Address	2015 N Shary Rd		Daytime Telephone Number	956-227-9414
	City, State, Zip Code	Mission, TX, 78572		Email Address:	ranchobrito LLC@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 <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)				
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer		\$ <u>6,446.44</u>		
	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			Date of application	
				<u>7-21-26</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:	☒ Approved	☐ Denied	By:	Date: <u>9/1/2026</u>	
TAX OFFICE USE ONLY:	☒ Approved	☐ Denied	By: <u>Paul Villarreal</u>	Date: <u>8/17/26</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: 03/17/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O.

DATE: 08/21/2026 *KR* 08/24/26

✓ ST. OF DONALD JOSPEH KILLELEA
318 WILLIS DR
IOWA CITY, IA 522462941

Account Number

T4060-00-000-0101-00 ✓

HCAD No. 302179 ✓

Legal Description of the Property

THE W.W. COMPLEX CONDOMINIUMS APT 101

5321 N 10TH ST

OWNER: KILLELEA DONALD J ✓

2025 OVERAGE AMOUNT \$3,659.70 ✓

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>Estate of Donald Joseph Killelea</i>	Relationship to Property Owner <i>Executrix of my father's estate</i>
	Mailing Address <i>46 Susan Whitsitt 318 Willis Dr</i>	Daytime Telephone Number <i>(319) 530 1121</i>
	City, State, Zip Code <i>Iowa City, Iowa 52246</i>	Email Address <i>killelea@whitsitt.org</i>
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	☒ Overpaid the account <i>or maybe confused with payment for #303</i> ☐ 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 <i>on 17 units @ 5321 N. 10th</i>	<i>59347.92</i>
	Total tax, penalty, and interest amount owed for the year <i>#101</i>	<i>\$3659.70</i>
	Amount of refund claimed	<i>3659.70</i>
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 <i>Susan Killelea Whitsitt</i> ✓	Date of application <i>July 12, 2026</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:	☒ Approved ☐ Denied By: <i>[Signature]</i> Date: <u>9/1/2026</u>	
TAX OFFICE USE ONLY:	☒ Approved ☐ Denied By: <i>Paul Villarreal</i> Date: <u>8/7/26</u>	

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