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		Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE HIDALGO COUNTY AUDITOR'S OFFICE		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)*	APPROVED BY: Alejandro Torres	
P O BOX 178		
City, town or post office, state, ZIP code	DATE: 8/18/2026 KR 08/25/2026	Phone *(area code and number)*
EDINBURG TX 78540-0178		(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)*

Legal description (or attach copy of the tax bill or tax receipt): BEAMSLEY LOTS 56

Step 2: Describe the property

Address or location of property: 1208 TRUMAN ST

583824

Account number of property:
B2035.00.000.0056.00

OR Tax receipt number: 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 — Signature

Date of application for tax refund: 8/3/2026

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 — Authorized officer

Date: 9/1/2026

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)*:

Date: 8/7/26

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Alejandro Torres
DATE: 8/19/2026 KE 08/25/2026

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)*

Legal description (or attach copy of the tax bill or tax receipt): TEX-MEX SURVEY

Step 2: Describe the property

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

OR

Tax receipt number: 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	$ 2,015.39
2. ALL ENTITIES	2024	12/12 / 2024	$ 1,687.23	$ 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: 4/13/26

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.

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 approval is required under Section 31.11, tax code)*

Date: 4/13/26

RECEIVED
06/17/2026

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Jake Solis 8/18/26
DATE: 07/06/26 KE 08/10/2026

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE 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	
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
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)*

Legal description (or attach copy of the tax bill or tax receipt) TWILIGHT PARK S210.97'-LOT 7 & S

Step 2: Describe the property

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

Tax receipt number:
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 — Signature

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 — Authorized officer

Date
9/1/2026

sign here — Collector(s) of taxing unit(s) for refund application over *(insert amount for which governing body approval is required under Section 31.11, tax code)*

Date
6/12/26

APPLICATION FOR TAX REFUND

RECEIVED
06/22/2026
HIDALGO COUNTY AUDITOR'S OFFICE

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Jake Solis 8/18/26
DATE: 07/08/26 KE 08/10/2026

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-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
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 property

Address or location of property: 7412 ROSEBUD DRIVE

649720

Account number of property:

W2930.00.000.0044.00

OR

Tax receipt number:

61295222

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

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 Payment	Amount of Taxes Paid	Amount 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

Reciept date is 12/12

Deposit Date

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.

Taxpayer's reason for refund *(attach supporting documentation)*: PAYER, RUTH ANN SUTTER PAID INCORRECT ACCOUNT, IS REQUESTING FUNDS TO BE APPLIED TO CORRECT 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."

sign here — Signature: 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 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 approval is required under Section 31.11, tax code)* — Date: 6/12/26

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: 06/04/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: J.O.
DATE: 08/14/2026 KE 08/18/26

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 ✓

✓ **GENUINE PARTS COMPANY**
4625 RIVERGREEN PARKWAY
DULUTH , GA 30096

2025 OVERAGE AMOUNT $21,947.9 ✓

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 Staff Acct
	Mailing Address PO Box 4907		Daytime Telephone Number 770 601-3241
	City, State, Zip Code Norcross 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	X	Overpaid the account Acct E 7200 99 001 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	
	X	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 Teresa Hackney ✓		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 37.10		

AUDITORS USE ONLY: ☑ Approved ☐ Denied By: _____ Date: 9/1/2026

TAX OFFICE USE ONLY: ✓ ☑ Approved ☐ Denied By: _____ 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 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 03/11/2026

RECEIVED
04/21/2026
HIDALGO COUNTY AUDITOR'S OFFICE

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: Jake Solis 3/18/26
DATE: 07/09/26 KE 08/10/2026

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

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: Same as above ✓	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number: 713-961-0280
	City, State, Zip Code	Email Address: jwolfe@lasco development.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2024-2025 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 ✓	
	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 Shawn Vickers ✓	Date of application 4-7-2026 ✓
	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: _____	Date: 9/1/2026
TAX OFFICE USE ONLY:	☑ Approved ✓ ☐ Denied By: _____	Date: 4/16/26 ✓

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

46v1.22

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. 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.andari@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 f.. 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 I 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	
	SIGN HERE	Date of application 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:	Date: 8/19/2026
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By:	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 956-227-5414
	City, State, Zip Code Mission, tx, 78572	Email Address: ranchobritoLLC@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	☐ 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	$ 6,446.44
	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 7-21-26
	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: _____	Date: 9/1/2026
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By: _____	Date: 8/7/26

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: 03/17/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: J.O.
DATE: 08/21/2026 KE 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: Estate of Donald Joseph Killelea	Relationship to Property Owner: Fam, executrix of my fathers estate
	Mailing Address: C/o Susan Whitsitt 318 Willis Dr	Daytime Telephone Number: (319) 530 1121
	City, State, Zip Code: Iowa City, Iowa 52246	Email Address: killelea@whitsitt.org
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	X Overpaid the account or maybe confused with payment for #303	
	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 on 17 units @ 5321 N. 10th	59347.92
	Total tax, penalty, and interest amount owed for the year #101	~~$3659.70~~ 3687.55
	Amount of refund claimed	3659.70
Step 5: How should the refund be processed?	Mail to Property Owner	
	X 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: Susan Killelea Whitsitt ✓	Date of application: July 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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By:	Date: 9/1/2026
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By:	Date: 8/7/26

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

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