

Zahid Reza, CPA, LLC
16800 Dallas Parkway, Ste 105
Dallas, TX 75248
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March 16, 2015

DALLAS CRICKET LEAGUE
7511 ABERDON RD
DALLAS, TX 75252

Dear Sir,

I have prepared your 2014 Form 1120 based on the information you provided. Please review the enclosed copy for DALLAS CRICKET LEAGUE, then sign the IRS e-file Signature Authorization Form 8879-C and return it to me. When I receive the signed authorization, I will e-file your return.

DALLAS CRICKET LEAGUE's 2014 federal taxes have been paid in full.

If you have any questions about the return(s) or about DALLAS CRICKET LEAGUE's tax situation during the year, please do not hesitate to call me at 972-733-1212. I appreciate this opportunity to serve you.

Sincerely,

Zahid Reza, CPA
Zahid Reza, CPA, LLC

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax year beginning _____, 2014, ending _____, 20_____.

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.****2014**

Name of corporation

DALLAS CRICKET LEAGUE

Employer identification number

27-0283921

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	83,703
2	Taxable income (Form 1120, line 30)	2	-15,157
3	Total tax (Form 1120, line 31)	3	0
4	Amount owed (Form 1120, line 34)	4	0
5	Overpayment (Form 1120, line 35)	5	0

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Zahid Reza, CPA, LLC to enter my PIN 75248 as my signature
ERO firm name do not enter all zeros
 on the corporation's 2014 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2014 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

75278275248do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2014)

HTA

U.S. Corporation Income Tax Return

OMB No. 1545-0123

2014

For calendar year 2014 or tax year beginning _____, ending _____
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name DALLAS CRICKET LEAGUE Number, street, and room or suite no. If a P.O. box, see instructions. 7511 ABERDON RD City or town State ZIP code DALLAS TX 75252 Foreign country name Foreign province/state/county Foreign postal code	B Employer identification number 27-0283921 C Date incorporated 5/28/2009 D Total assets (see instructions) \$ 0
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Income	1a Gross receipts or sales b Returns and allowance c Balance. Subtract line 1b from line 1a 2 Cost of goods sold (attach Form 1125-A) 3 Gross profit. Subtract line 2 from line 1c 4 Dividends (Schedule C, line 19) 5 Interest 6 Gross rents 7 Gross royalties 8 Capital gain net income (attach Schedule D (Form 1120)) 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 Other income (see instructions—attach statement) 11 Total income. Add lines 3 through 10	1a 83,703 1b 1c 83,703 2 3 83,703 4 5 6 7 8 9 10 11 83,703	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E) 13 Salaries and wages (less employment credits) 14 Repairs and maintenance 15 Bad debts 16 Rents 17 Taxes and licenses 18 Interest 19 Charitable contributions 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 21 Depletion 22 Advertising 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs 25 Domestic production activities deduction (attach Form 8903) 26 Other deductions (attach statement) 27 Total deductions. Add lines 12 through 26 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 29a Net operating loss deduction (see instructions) b Special deductions (Schedule C, line 20) c Add lines 29a and 29b	12 13 14 15 16 28,626 17 18 19 20 21 22 23 24 25 26 70,234 27 98,860 28 -15,157 29a 29b 29c 0	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions) 31 Total tax (Schedule J, Part I, line 11) 32 Total payments and refundable credits (Schedule J, Part II, line 21) 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached 34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed 35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid 36 Enter amount from line 35 you want: Credited to 2015 estimated tax Refunded	30 -15,157 31 32 0 33 34 0 35 0 36 0	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	<div style="display: flex; justify-content: space-between;"> <div> Signature of officer _____ Date _____ </div> <div> PRESIDENT Title </div> </div>
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May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Zahid Reza, CPA	Zahid Reza, CPA	3/16/2015		P00153644
	Firm's name	Firm's EIN			
	Firm's address	Firm's EIN			
	City		State	ZIP code	
	Dallas		TX	75248	

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	0
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	0
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	0
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	0
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	0
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	0
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	0
8	Dividends from wholly owned foreign subsidiaries		100	0
9	Total. Add lines 1 through 8. See instructions for limitation			0
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	0
11	Dividends from affiliated group members		100	0
12	Dividends from certain FSCs		100	0
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶	0		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			0

Schedule J Tax Computation and Payment (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	0
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Other (see instructions—attach statement)	9f		
10	Total. Add lines 9a through 9f		10	0
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II—Payments and Refundable Credits

12	2013 overpayment credited to 2014	12		
13	2014 estimated tax payments	13		
14	2014 refund applied for on Form 4466	14	()	
15	Combine lines 12, 13, and 14	15	0	
16	Tax deposited with Form 7004	16		
17	Withholding (see instructions)	17		
18	Total payments. Add lines 15, 16, and 17	18	0	
19	Refundable credits from:			
a	Form 2439	19a		
b	Form 4136	19b		
c	Form 8827, line 8c	19c		
d	Other (attach statement—see instructions)	19d		
20	Total credits. Add lines 19a through 19d	20	0	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	0	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <input type="checkbox"/> 711210		
b	Business activity <input type="checkbox"/> SPORTS		
c	Product or service <input type="checkbox"/> CRICKET TOURNAMENT		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation <input type="checkbox"/>		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Schedule K Other Information *continued* (see instructions)**5** At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions
- If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	Yes	No

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions
- If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital	Yes	No

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock?

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned ▶ _____ and **(ii)** Owner's country ▶ _____**(c)** The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____**8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.**9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____**10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____**11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____ 6,230**13** Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year **and** its total assets at the end of the tax year less than \$250,000? ☒

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$ _____ 0

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? ☐

If "Yes," complete and attach Schedule UTP.

15a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099? ☐**b** If "Yes," did or will the corporation file required Forms 1099? ☐**16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? ☐**17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? ☐**18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? ☐

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()	0	()	0
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()	0	()	0
11a	Depletable assets				
b	Less accumulated depletion	()	0	()	0
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()	0	()	0
14	Other assets (attach statement)				
15	Total assets		0		0
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock		0		0
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		(1,512)		(16,669)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		(1,512)		(16,669)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	-15,157	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				0
		0	8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation \$	
a	Depreciation \$			b Charitable contributions \$	
b	Charitable contributions \$				
c	Travel and entertainment \$				0
		0	9	Add lines 7 and 8	0
6	Add lines 1 through 5	-15,157	10	Income (page 1, line 28)—line 6 less line 9	-15,157

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-1,512	5	Distributions: a Cash	
2	Net income (loss) per books	-15,157		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
		0	7	Add lines 5 and 6	0
4	Add lines 1, 2, and 3	-16,669	8	Balance at end of year (line 4 less line 7)	-16,669

Line 26 (1120) - Other Deductions

1	Insurance	1	8,350
2	Legal and professional fees	2	400
3	Maintenance	3	2,377
4	Contract service	4	7,511
5	Trophies & prizes	5	15,004
6	Internet & website	6	809
7	Meeting	7	167
8	Ball and tapes	8	18,915
9	Seminar	9	360
10	Tournament expenses	10	16,341
11	Total other deductions	11	70,234
12	Total deductions less expenses for offsetting credits	12	70,234

Texas Franchise Tax Public Information Report
To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ **Tcode** 13196

■ **Taxpayer number**

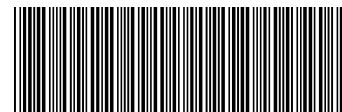
■ **Report year**

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at 1-800-252-1381.

32039612935		2015		<input type="checkbox"/> Check box if the mailing address has changed.	
Taxpayer name DALLAS CRICKET LEAGUE				Secretary of State (SOS) file number or Comptroller file number 0801128117	
Mailing address 7511 ABERDON RD					
City DALLAS	State TX	ZIP Code 75252	Plus 4		

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business



3203961293515

Please sign below! Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

SECTION A Name, title and mailing address of each officer, director or manager.

Name KULJIT-SINGH NIJJAR	Title PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 7511 ABERDON RD	City DALLAS	State TX	ZIP Code 75252
Name KRISHNA KUMAR	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 4313 WALTHAM DR	City PLANO	State TX	ZIP Code 75252
Name MANOJ PRAKASM	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1449 PHILIP DR	City ALLEN	State TX	ZIP Code 75013

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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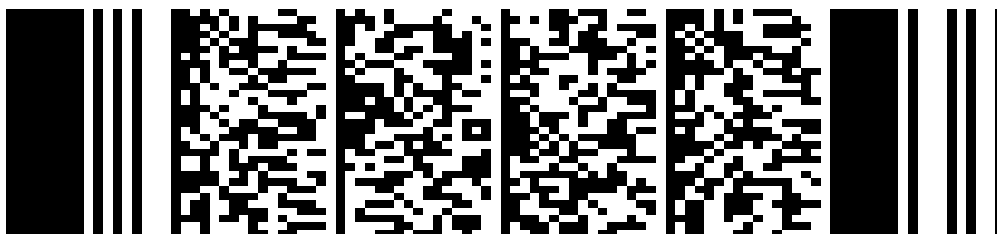
Registered agent and registered office currently on file (<i>see instructions if you need to make changes</i>)				<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.	
Agent: KULJIT-SINGH NIJJAR					
Office: 7511 ABERDON RD		City DALALS	State TX	ZIP Code 75252	

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title PRESIDENT	Date	Area code and phone number (972) 398-8028
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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Section A Continuation (TX 05-102) DALLAS CRICKET LEAGUE 32039612935

Section A Continuation (TX 05-102) DALLAS CRICKET LEAGUE 32039612935

Section A Continuation (TX 05-102) DALLAS CRICKET LEAGUE 32039612935

Name		Title	Director	Term expiration
MUKUND RAVI KUMAR			<input checked="checked" type="checkbox"/>	
Mailing address				
3021 BROOK VALE DR				
City		State	ZIP Code	
RICAHRDSON		TX	75082	
Name		Title	Director	Term expiration
ZIA URRAHMAN QUADRI			<input checked="checked" type="checkbox"/>	
Mailing address				
7511 ABERDON RD				
City		State	ZIP Code	
DALLAS		TX	75093	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
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Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	
Name		Title	Director	Term expiration
			<input type="checkbox"/>	
Mailing address				
City		State	ZIP Code	

Texas Franchise Tax No Tax Due Information Report

■ Tcode 13255 Annual

■ Taxpayer number	■ Report year	Due date	Privilege period covered by this report
32039612935	2015	05/15/2015	01/01/2015 — 12/31/2015

Taxpayer name DALLAS CRICKET LEAGUE					Secretary of State file number or Comptroller file number 0801128117	
Mailing address 7511 ABERDON RD						
City DALLAS	State TX	Country United States	ZIP Code 75252	Plus 4	Check box if the address has changed ■ <input type="checkbox"/>	
Check box if this is a combined report ■ <input type="checkbox"/>			SIC code ■ <input type="text"/>		NAICS code ■ 711210	
Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions.* ■ <input type="checkbox"/>						
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

*Note: Upper tiered partnerships do not qualify to use this form.

If any of the statements below are true, you qualify to file this **No Tax Due Information Report**:

(Check all boxes that apply)

1. This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code. (see instructions) 1. ■ ☐
(Passive income does NOT include rent)


2. This entity's annualized total revenue is below the no tax due threshold. (see instructions) 2. ■ ☒

3. This entity has zero Texas Gross Receipts. 3. ■ ☐

4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4). 4. ■ ☐

5a. Accounting year begin date 5a. 5b. Accounting year end date 5b.

6. TOTAL REVENUE (Whole dollars only) 6.

Print or type name KULJIT-SINGH NIJJAR		Area code and phone number (972) 398-8028
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
sign here 	Date	

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call 1-800-252-1381.

Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>

