



**WALSH WASHBURN, LLC.**  
CERTIFIED PUBLIC ACCOUNTING FIRM

5360 College Boulevard, Suite 100  
Overland Park, Kansas 66211  
Phone: 913-660-7710  
Fax: 913-660-1995

March 7, 2022

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Dear Larry:

Your 2021 Federal S Corporation Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879S - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Arkansas S Corporation Income Tax Return will be electronically filed with the State of Arkansas upon receipt of a signed Form AR8453-S. No tax is payable with the filing of this return.

Your 2021 Kansas S Corporation Income Tax Return will be electronically filed with the State of Kansas. No tax is payable with the filing of this return.

Enclosed is your 2021 Kansas S Corporation Annual Report. The original should be signed at the bottom of the form. There is a balance due of \$55. Mail the Kansas annual report on or before April 18, 2022 and make check payable to:

SECRETARY OF STATE  
CORPORATIONS DIVISION  
FIRST FLOOR, MEMORIAL HALL  
120 S.W. 10TH AVE., ROOM 100  
TOPEKA, KS 66612-1594

Your 2021/2022 Louisiana Corporation Income and Franchise Tax Return will be electronically filed with the State of Louisiana upon receipt of a signed Form R-8453C. There is a balance of \$1,342 payable by May 16, 2022. Mail your payment on or before May 16, 2022 to:

LOUISIANA DEPARTMENT OF REVENUE  
POST OFFICE BOX 91011  
BATON ROUGE, LA 70821-9011



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Your 2021 Oklahoma Small Business Corporation Income and Franchise Tax Return will be electronically filed with the State of Oklahoma upon receipt of a signed Form EF. No tax is payable with the filing of this return.

Your 2022 Texas Franchise Tax Return will be electronically filed with the State of Texas. No tax is payable with the filing of this return.

Your estimated tax schedule for 2022 is listed below:

Due Date		Louisiana
4/18/22	\$	340
6/15/22		340
9/15/22		340
12/15/22		340
		-----
	\$	1,360

You must distribute a copy of the 2021 Schedule K-1 to each shareholder. Be sure to give each shareholder a copy of the Shareholder's Instructions for Schedule K-1 (Form 1120S).

Please call if you have any questions.

Sincerely,

John W Duncan, CPA

**2021 S-Corporation Return**

prepared for:

**Interstate Production Company**

2901 Verona  
Mission Hills, KS 66208

**WALSH WASHBURN, LLC**

5360 COLLEGE BOULEVARD SUITE 100  
OVERLAND PARK, KS 66211

▶ **ERO must obtain and retain completed Form 8879-S.**  
▶ **Go to [www.irs.gov/Form8879S](http://www.irs.gov/Form8879S) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_.

Name of corporation

Employer identification number

Interstate Production Company

43-1231307

**Part I Tax Return Information (whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	254,221.
2	Gross profit (Form 1120-S, line 3)	2	254,221.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	120,040.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	120,040.

**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 2021 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 **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 WALSH WASHBURN, LLC to enter my PIN 94890 as my signature  
ERO firm name Don't enter all zeros  
on the corporation's 2021 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 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.

48080198989  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ John W Duncan, CPA Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

U.S. Income Tax Return for an S Corporation

2021

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2021 or tax year beginning 1/01/2001, 2021, ending

Header section containing: A S election effective date (1/01/2001), B Business activity code number (21120), C Check if Schedule M-3 attached, D Employer identification number (43-1231307), E Date incorporated (5/26/1981), F Total assets (\$819,554), G Is the corporation electing to be an S corporation beginning with this tax year? (Yes/No), H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination, I Enter the number of shareholders (1), J Check if corporation: (1) Aggregated activities, (2) Grouped activities.

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for INCOME, DEDUCTIONS, and TAX AND PAYMENTS. Rows include: 1a Gross receipts or sales (254,221), 1b Returns and allowances, 1c Balance (254,221), 2 Cost of goods sold, 3 Gross profit (254,221), 4 Net gain (loss), 5 Other income (loss), 6 Total income (loss) (254,221), 7 Compensation of officers, 8 Salaries and wages, 9 Repairs and maintenance, 10 Bad debts, 11 Rents, 12 Taxes and licenses (14,162), 13 Interest, 14 Depreciation, 15 Depletion, 16 Advertising, 17 Pension, profit-sharing, etc., plans, 18 Employee benefit programs, 19 Other deductions (See Statement 1), 20 Total deductions (134,181), 21 Ordinary business income (loss) (120,040), 22a Excess net passive income or LIFO recapture tax, 22b Tax from Schedule D, 22c Add lines 22a and 22b, 23a 2021 estimated tax payments and 2020 overpayment credited to 2021, 23b Tax deposited with Form 7004, 23c Credit for federal tax paid on fuels, 23d Add lines 23a through 23c, 24 Estimated tax penalty, 25 Amount owed (0), 26 Overpayment, 27 Enter amount from line 26: Credited to 2022 estimated tax, Refunded.

Sign Here section: 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. Signature of officer: [Signature], Date: [Date], Title: President. May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [ ] No

Paid Preparer Use Only section: Print/Type preparer's name: John W Duncan, CPA; Preparer's signature: John W Duncan, CPA; Date: [Date]; Check self-employed: [ ] if PTIN: P01668108; Firm's name: WALSH WASHBURN, LLC; Firm's EIN: 20-1940035; Firm's address: 5360 COLLEGE BOULEVARD SUITE 100, OVERLAND PARK, KS 66211; Phone no.: (913) 660-7710

<b>Schedule B Other Information</b> (see instructions)	Yes	No		
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____				
2 See the instructions and enter the: a Business activity. ▶ <u>OIL &amp; GAS PRODUCTION</u> b Product or service ▶ <u>OIL &amp; GAS</u>				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . . . .		X		
4 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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. . . . .		X		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital 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 (v) below. . . . .				X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . . If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of restricted stock . . . . . ▶ _____				
(ii) Total shares of non-restricted stock . . . . . ▶ _____				
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . . If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of stock outstanding at the end of the tax year. . . . . ▶ _____				
(ii) Total shares of stock outstanding if all instruments were executed. . . . . ▶ _____				
6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .				X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ▶ <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions. . . . . ▶ \$ _____				
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .				X
10 Does the corporation satisfy one or more of the following? See instructions. . . . .				X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.				
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.				
11 Does the corporation satisfy both of the following conditions? . . . . .				X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . . If "Yes," enter the amount of principal reduction. . . . . ▶ \$		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions. . . . .		X
14a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? . . . . .	X	
b	If "Yes," did the corporation file or will it file required Form(s) 1099? . . . . .	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15. . . . . ▶ \$		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21) . . . . .	1	120,040.
	2 Net rental real estate income (loss) (attach Form 8825) . . . . .	2	
	3a Other gross rental income (loss) . . . . .	3a	
	b Expenses from other rental activities (attach statement) . . . . .	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a. . . . .	3c	
	4 Interest income. . . . .	4	
	5 Dividends: a Ordinary dividends . . . . .	5a	
	b Qualified dividends . . . . .	5b	
	6 Royalties . . . . .	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)). . . . .	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)). . . . .	8a		
	b Collectibles (28%) gain (loss) . . . . .	8b	
	c Unrecaptured section 1250 gain (attach statement) . . . . .	8c	
9 Net section 1231 gain (loss) (attach Form 4797) . . . . .	9		
10 Other income (loss) (see instructions). . . . . Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562) . . . . .	11	
	12a Charitable contributions . . . . .	12a	
	b Investment interest expense . . . . .	12b	
	c Section 59(e)(2) expenditures . . . . . Type ▶	12c	
d Other deductions (see instructions) . . . . . Type ▶	12d		
Credits	13a Low-income housing credit (section 42(j)(5)) . . . . .	13a	
	b Low-income housing credit (other) . . . . .	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . .	13c	
	d Other rental real estate credits (see instrs) . . . . . Type ▶	13d	
	e Other rental credits (see instructions) . . . . . Type ▶	13e	
	f Biofuel producer credit (attach Form 6478) . . . . .	13f	
	g Other credits (see instructions) . . . . . Type ▶	13g	
International Transactions	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance . . . . . ▶ <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment . . . . .	15a	
	b Adjusted gain or loss. . . . .	15b	
	c Depletion (other than oil and gas) . . . . .	15c	
	d Oil, gas, and geothermal properties — gross income. . . . .	15d	254,221.
	e Oil, gas, and geothermal properties — deductions. . . . .	15e	97,877.
	f Other AMT items (attach statement) . . . . .	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income. . . . .	16a	
	b Other tax-exempt income. . . . .	16b	
	c Nondeductible expenses. . . . .	16c	
	d Distributions (attach stmt if required) (see instrs) . . . . .	16d	1,497.
	e Repayment of loans from shareholders. . . . .	16e	
	f Foreign taxes paid or accrued. . . . .	16f	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
		See Statement 2		

Reconciliation	18	<b>Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f.	18	120,040.
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Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		215,052.		333,595.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) See St. 3		485,959.		485,959.
10a	Buildings and other depreciable assets	266,034.		266,034.	
b	Less accumulated depreciation	( 266,034.)		( 266,034.)	
11a	Depletable assets	412,462.		412,462.	
b	Less accumulated depletion	( 412,462.)		( 412,462.)	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )		( )	
14	Other assets (attach stmt)				
15	<b>Total assets</b>		701,011.		819,554.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		301.		301.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt)				
19	Loans from shareholders		442,000.		442,000.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital		883,316.		883,316.
24	Retained earnings		-625,606.		-507,063.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock	( )		( )	
27	<b>Total liabilities and shareholders' equity</b>		701,011.		819,554.

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

**Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b> Net income (loss) per books .....	120,040.	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		<b>a</b> Tax-exempt interest . \$	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
<b>a</b> Depreciation . . . . . \$		<b>a</b> Depreciation . . . . . \$	
<b>b</b> Travel and entertainment \$		<b>7</b> Add lines 5 and 6 .....	0.
<b>4</b> Add lines 1 through 3 .....	120,040.	<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4. . . . .	120,040.

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**  
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year .....	207,563.			
<b>2</b> Ordinary income from page 1, line 21 .....	120,040.			
<b>3</b> Other additions. . . . See Statement 4 .....	38,134.			
<b>4</b> Loss from page 1, line 21 .....	( )			
<b>5</b> Other reductions. . . See Statement 5 .....	( 38,134.)			( )
<b>6</b> Combine lines 1 through 5 .....	327,603.			
<b>7</b> Distributions .....	1,497.			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 .....	326,106.			





**Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 17, Code V)**

Pass-through entity's name: Interstate Production Company	Pass-through entity's EIN: 43-1231307
Shareholder's name: LAURENCE R. JONES, JR.	Shareholder's identifying number: 388-38-7434

Shareholder's share of:	Interstate Production Company		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input checked="" type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
Ordinary business income (loss)	120,040.		
Rental income (loss) . . . . .			
Royalty income (loss) . . . . .			
Section 1231 gain (loss) . . . . .			
Other income (loss) . . . . .			
Section 179 deduction . . . . .			
Other deductions . . . . .			
W-2 wages . . . . .			
UBIA of qualified property . . . . .			
Section 199A dividends			

Shareholder's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
Ordinary business income (loss)			
Rental income (loss) . . . . .			
Royalty income (loss) . . . . .			
Section 1231 gain (loss) . . . . .			
Other income (loss) . . . . .			
Section 179 deduction . . . . .			
Other deductions . . . . .			
W-2 wages . . . . .			
UBIA of qualified property . . . . .			

**2021 SHAREHOLDER'S SUMMARY OF OIL AND GAS ACTIVITIES**

(Form 1120S, Schedule K-1, Box 17, Other Information, Code R)

Shareholder's name	Shareholder's I.D.
LAURENCE R. JONES, JR.	388-38-7434

**INCOME:**

1. Gross income from oil and gas activities (Sch. K-1 Box 15, Code D) ..... 254,221.

**EXPENSES:**

2. Production tax ..... 13,764.

3. Operating expenses ..... 84,113.

4. Depreciation .....

5. Allocated overhead .....

6. Other expenses .....

7. Total deductions allocable to oil and gas activities (Schedule K-1 Box 15, Code E) ..... 97,877.

8. Net income from oil and gas activities (line 1 minus line 7) ..... 156,344.

**PASSTHROUGH EXPENSES:**

9. Total intangible drilling costs (IDC) (Schedule K-1 Box 12, Code I) .....

10. Dry hole costs (Schedule K-1 Box 12, Code I) .....

11. Section 179 expense deduction (Schedule K-1 Box 11) .....

**DEPLETION INFORMATION:**

12. Total cost depletion (greater than percentage) from all properties .....

13. Total percentage depletion (greater than cost) from all properties (subject to 65% taxable income limitation) ... 38,134.

14. Total percentage depletion (greater than cost) from all properties (NOT subject to 65% taxable income limitation) .....

15. Total tentative depletion deduction (add lines 12, 13 and 14) ..... 38,134.

16. Total AMT cost depletion (greater than percentage) from all properties .....

17. Total AMT percentage depletion (greater than cost) from all properties (subject to 65% taxable income limitation) ... 38,134.

18. Total AMT percentage depletion (greater than cost) from all properties (NOT subject to 65% taxable income limitation) .....

19. Total tentative AMT depletion deduction (add lines 16, 17 and 18) ..... 38,134.

**OTHER INFORMATION:**

20. Total percentage depletion in excess of basis ..... 38,134.

21. Total excess intangible drilling costs (IDC) .....

Interstate Production Company

43-1231307

**Statement 1**  
**Form 1120S, Line 19**  
**Other Deductions**

Bank Charges .....	\$	70.
Dues and Subscriptions .....		24,436.
Legal and Professional .....		11,400.
Operating Expenses from Oil and Gas Activities .....		84,113.
Total	\$	<u>120,019.</u>

**Statement 2**  
**Form 1120S, Schedule K, Line 17d**  
**Other Items and Amounts**

Gross Receipts for Section 448(c) .....	\$	254,221.
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**Statement 3**  
**Form 1120S, Schedule L, Line 9**  
**Other Investments**

	Beginning	Ending
Camterra Resources Limited .....	\$ 485,959.	\$ 485,959.
Total	<u>\$ 485,959.</u>	<u>\$ 485,959.</u>

**Statement 4**  
**Form 1120S, Schedule M-2, Column A, Line 3**  
**Other Additions**

Oil and Gas Depletion in Excess of Basis .....	\$	38,134.
Total	\$	<u>38,134.</u>

**Statement 5**  
**Form 1120S, Schedule M-2, Column A, Line 5**  
**Other Reductions**

Oil and Gas Depletion .....	\$	38,134.
Total	\$	<u>38,134.</u>

## Interstate Production Company

43-1231307

Prop Number	Property Description	Production Type	Gross Income	Production Tax	IDC*	Operating Expenses	Amortization/Depreciation	* Section 179	Allocated Overhead	Dry Hole Expense*	Other Expenses	Net Income
5	Arkansas	Primary Oil	53,611	1,102		17,738						34,771
1	Kansas	Primary Oil	75,538	486		24,993						50,059
4	Louisiana	Primary Oil	69,168	9,511		22,886						36,771
2	Oklahoma	Primary Oil	35,710	2,101		11,815						21,794
3	Texas	Primary Oil	20,194	564		6,681						12,949
Totals: Trade or Business Income			254,221	13,764	0	84,113	0	0	0	0	0	156,344
Grand Totals			254,221	13,764	0	84,113	0	0	0	0	0	156,344

\* - Pass-through expenses included in net income only for calculation of net income limitation on the Federal Oil and Gas Allowable Depletion Report.

## Interstate Production Company

43-1231307

Prop Number	Property Description	Production Type	Gross % Depletion	Tentative % Depletion	Cost Depletion	Greater of % or Cost	Depletion in Excess of Basis	Excess IDC
5	Arkansas	Primary Oil	8,042	8,042		8,042	8,042	
1	Kansas	Primary Oil	11,331	11,331		11,331	11,331	
4	Louisiana	Primary Oil	10,375	10,375		10,375	10,375	
2	Oklahoma	Primary Oil	5,357	5,357		5,357	5,357	
3	Texas	Primary Oil	3,029	3,029		3,029	3,029	
Totals: Trade or Business Income			38,134	38,134	0	38,134	38,134	0
Grand Totals			38,134	38,134	0	38,134	38,134	0



## ARKANSAS S-CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar year 2021, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name <b>Interstate Production Company</b>			Federal Employer Identification Number <b>43-1231307</b>	
Mailing Address (Number and Street, P.O. Box or Rural Route) <b>2901 Verona</b>			Telephone <b>816-474-9737</b>	
City <b>Mission Hills</b>	State or Province <b>KS</b>	ZIP <b>66208</b>	<input type="checkbox"/> Check if address is outside U.S.	
			Foreign Country	

**PART I - TAX RETURN INFORMATION** (Whole Dollars Only)

1 Total Income (Form AR1100S, Arkansas Column, Line 12)	1	254,221.	00
2 Total Tax (Form AR1100S, Line 30)	2		00
3 Estimate Tax Payments (Form AR1100S, Line 31)	3		00
4 Overpayment (Form AR1100S, Line 35)	4		00
5 Tax Due (Form AR1100S, Line 34)	5		00

**PART II - DECLARATION OF OFFICER** (Sign only after Part I is completed)

6a  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6b  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If the corporation is filing a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. If the federal corporation return is rejected, I understand the state corporation return may also be rejected.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2021 Arkansas income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

<b>Sign Here</b>	<div style="display: flex; justify-content: space-between;"> <span>Signature of Officer</span> <span>Date</span> </div>	▶	<div style="display: flex; justify-content: space-between;"> <span>President</span> <span>Title</span> </div>
------------------	---	---	---

**PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above S-Corporation return and that the entries on Form AR8453-S are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the corporation's return; I declare that Form AR8453-S accurately reflects the data on the return. I have obtained the officer's signature on Form AR8453-S before submitting this return to the State of Arkansas, and have provided the officer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

<b>ERO's Use Only</b>	ERO's signature <b>John W Duncan, CPA</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <b>P01668108</b>
	Firm's name (or yours if self-employed) <b>WALSH WASHBURN, LLC</b>	EIN <b>20-1940035</b>			
	address and ZIP code <b>5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK KS 66211</b>	Phone No. <b>(913) 660-7710</b>			

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed)	EIN		
	address and ZIP code	Phone No.		

**2021 AR1100S**  
**ARKANSAS S CORPORATION**  
**INCOME TAX RETURN**



**S**

Software ID

LACERTE

Tax Year beginning  1/01/2021 and ending  12/31/2021  Check If Using Three Factor Apportionment Alternative  
 INITIAL Return  AMENDED Return  FINAL Arkansas Return(Going Out of Business)  Check if Cooperative Association

FEIN ● 43-1231307	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed		<b>Type of Corporation</b> Check only one box below ● 5 <input checked="" type="checkbox"/> Domestic (in state) ● 6 <input type="checkbox"/> Foreign (out of state)	
NAICS Code ● 211120	Name <input type="checkbox"/> Check this box if name has changed from prior year ● Interstate Production Company			
Date of Incorporation ● 5/26/1981	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 2901 Verona			
Date Began Business in AR ● 5/28/1981	City ● Mission Hills	State or Province ● KS	Zip ● 66208	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

**FILING STATUS:** (CHECK ONLY ONE BOX)  
 ● 1  S Corporation operating only in Arkansas  
 ● 2  Multistate S Corporation – Apportionment  
 ● 3  Multistate S Corporation – Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 4  S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7	Gross Sales: (Less returns and allowances)	7 254,221 00	7 00
8	Cost of goods sold and/or operations: (Attach schedule)	8 00	8 00
9	Gross profit: (Subtract Line 8 from Line 7)	9 254,221 00	9 00
10	Net gain (or loss) from Federal Form 4797:	10 00	10 00
11	Other income: (Attach schedule)	11 00	11 00
12	TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here)	12 254,221 00	12 00
13	Compensation of officers:	13 00	13 00
14	Salaries and wages: (See Instructions)	14 00	14 00
15	Repairs:	15 00	15 00
16	Bad Debts: (Attach schedule)	16 00	16 00
17	Rent:	17 00	17 00
18	Taxes: (See Instructions)	18 14,162 00	18 00
19	Deductible interest expense not claimed or reported elsewhere:	19 00	19 00
20	Depreciation: (Attach Federal Form 4562)	20 00	20 00
21	Depletion: (Do not deduct oil and gas depletion)	21 00	21 00
22	Advertising:	22 00	22 00
23	Pension, profit-sharing, plans, etc.	23 00	23 00
24	Employee benefit programs:	24 00	24 00
25	Other deductions: (Attach schedule)	25 120,019 00	25 00
26	TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here)	26 134,181 00	26 00
27	NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)	27 120,040 00	27 25,314 00

ATTACH ALL AR K-1 FORMS

28	Excess net passive income tax: (See Instructions)	28 00
29	Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6)	29 00
30	Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax)	30 00
31	Payments: (2021 estimated tax payments and amount applied from 2020 return)	31 00
32	Withholding Payment: (Attach AR1100-WH)	32 00
33	Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year)	33 00
34	Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due)	34 00
35	Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference)	35 00
36	Amount of refund to be credited to 2022 estimated tax:	36 00
37	Refund: (Line 35 less Line 36)	37 00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature ●	Date	Title President	Telephone Number 816-474-9737
Preparer's Signature John W Duncan, CPA	Date	Preparer's FEIN/PTIN ● P01668108	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name John W Duncan, CPA 5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK, KS 66211 Area Code and Telephone Number of Preparer (913) 660-7710	May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>For Department Use Only</b> A ● B ● C

MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919

**DO NOT STAPLE RETURNS, SCHEDULES OR ATTACHMENTS**

**SCHEDULE A**  
**Apportionment Of Income**  
**For Multistate Corporation**



Interstate Production Company

FEIN: 43-1231307

**A. INCOME TO APPORTION:**

1	Income: (Enter amount from page 1, Line 27, Total Column)	1	120,040	00
2	Interest Income: (Attach schedule)	2		00
3	Dividend Income: (Attach schedule)	3		00
4	Net Income (loss) from rental activities and Royalties: (Attach schedule)	4		00
5	Net capital gain (loss) not listed on page 1: (Attach schedule)	5		00
6	Other income (loss): (Attach schedule)	6		00
7	Total Income: (Add Lines 1 through 6 and enter here)	7	120,040	00
8	Charitable Contributions: (Attach schedule)	8		00
9	Section 179 expense deduction: (Attach schedule)	9		00
10	Other expenses (adjustments) not included elsewhere: (Attach schedule)	10		00
11	Total deductions: (Add Lines 8 through 10 and enter here)	11		00
12	TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7)	12	120,040	00

**B APPORTIONMENT FACTOR:**

		(A) Amounts in Arkansas		(B) Total Amounts		(C) Percentage (A)÷(B)	
1	Property used in the Production of Business Income:						
a Tangible Assets used in Business and Inventories							
1	Amount at the Beginning of Year	1	00	1	00	(Calculate to 6 places to the right of decimal. Fill in all spaces)  999.999999 % (EXAMPLE)	
2	Amount at the End of Year	2	00	2	00		
3	Total: (Add Lines a1 and a2)	3	00	3	00		
4	Average Tangible Assets: (Line a3 divided by 2)	4	00	4	00		
b	Rented Property: (8 X net annual rent)	b	00	b	00		%
c	TOTAL PROPERTY: (Add Lines a4 and b)	c	00	c	00		%
2 Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:							
a	TOTAL:	a	00	a	00		%
3 Sales / Receipts:							
a	Destination Shipped From Within Arkansas:	a	53,611	00			
b	Destination Shipped From Without Arkansas:	b		00			
c	Origin Shipped From Within Arkansas to U. S. Govt:	c		00			
d	Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:	d		00			
e	Other Business Gross Receipts: (Interest, Dividends, Rents, Gains, etc. Attach Schedule)	e		00			
f	TOTAL SALES: (Add Lines 3a through 3e)	f	53,611	00	f	254,221	00
g	Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (If Sales Factor only, do not doubleweight)	g				21.088344	%
4	Sum of the Percentages: (Double Weighted: Add Column C, Lines 1c, 2a and 3g)	4				21.088344	%
*5	Percentage Attributable to Arkansas: Line 4		21.088344	%	Divided by	1	= 5 21.088344 %

\* For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1c), (2a), and (3f).

Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries. Property and payroll factors are only applicable under special industry regulations, all other filers must use the single sales factor only. Refer to the instructions for industry specific details.

**C ARKANSAS TAXABLE INCOME:**

1	Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5)	1	25,314	00
2	Add: Direct Income Allocated to Arkansas: (Attach schedule)	2		00
3	TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on page 1, line 27, Arkansas Column)	3	25,314	00

**SCHEDULE D – Capital Gains Tax**

**A TAX IMPOSED ON CERTAIN CAPITAL GAINS:**

1	Taxable Income: (See Instructions; Attach computation schedule)	1		00
2	Enter tax on Line 1 amount: (See Instructions for computation of tax)	2		00
3	Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above)	3		00
4	Statutory minimum:	4	\$25,000	00
5	Subtract Line 4 from Line 3:	5		00
6	Tax: (Enter 6.2% of Line 5)	6		00
7	Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S)	7		00

**B TAX IMPOSED ON CERTAIN BUILT-IN GAINS:**

1	Taxable Income: (See Instructions; Attach computation schedule)	1		00
2	Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above)	2		00
3	Enter smaller of Line 1 or 2:	3		00
4	Section 1374(b)(2) deduction:	4		00
5	Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below)	5		00
6	Enter 6.2% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S)	6		00



ARKANSAS INCOME TAX  
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.

Tax year beginning 1/01, 20 21 and ending 12/31, 20 21

Software ID  
LACERTE

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1  <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>																	
<b>Part I Information About the Corporation or Partnership</b>	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>A</b> Identification Number 43-1231307	<b>1a</b> Ordinary income (loss)  25,314.	<b>1b</b> Ordinary income (loss)																
<b>B</b> Name, Address, City, State, Zip Code  Interstate Production Company 2901 Verona Mission Hills                      KS      66208	<b>2a</b> Net rental real estate income (loss)	<b>2b</b> Net rental real estate income (loss)																
	<b>3a</b> Other net rental income (loss)	<b>3b</b> Other net rental income (loss)																
	<b>4a</b> Interest income	<b>4b</b> Interest income																
	<b>5a</b> Dividends	<b>5b</b> Dividends																
	<b>6a</b> Royalties	<b>6b</b> Royalties																
	<b>7a</b> Net short-term capital gain (loss)	<b>7b</b> Net short-term capital gain (loss)																
<b>Part II Information About the Shareholder or Partner</b>	<b>8a</b> Net long-term capital gain (loss)	<b>8b</b> Net long-term capital gain (loss)																
<b>C</b> Identification Number 388-38-7434	<b>9a</b> Unrecaptured Section 1250 gain	<b>9b</b> Unrecaptured Section 1250 gain																
<b>D</b> Name, Address, City, State, Zip Code  LAURENCE R. JONES, JR. 2901 VERONA MISSION HILLS                      KS      66208	<b>10a</b> Net section 1231 gain (loss)	<b>10b</b> Net section 1250 gain (loss)																
	<b>11a</b> Other income (loss) *	<b>11b</b> Other income (loss) *																
	<b>12a</b> Guaranteed payments	<b>12b</b> Guaranteed payments																
	<b>13a</b> Section 179 deduction	<b>13b</b> Section 179 deduction																
<b>E</b> Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. <u>Kansas</u>	<b>14a</b> Other deductions *      Supp Info	<b>14b</b> Other deductions *																
<b>F</b> Shareholder's Percentage of Stock Ownership for  Tax Year <u>100.00</u> %	<b>15a</b> Credits	<b>15b</b> Credits																
	<b>16a</b> Items affecting shareholder basis	<b>16b</b> Items affecting shareholder basis																
<b>G</b> Partner's share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Beginning</td> <td></td> <td style="text-align: center;">Ending</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Profit</td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Loss</td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Capital</td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center; border-bottom: 1px solid black;">%</td> </tr> </table>		Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	<b>17a</b> Other information *	<b>17b</b> Other information *
		Beginning		Ending														
	Profit	%		%														
Loss	%		%															
Capital	%		%															
<b>18a</b> Tax-exempt income and nondeductible expenses	<b>18b</b> Tax-exempt income and nondeductible expenses																	
<b>H</b> Arkansas Apportionment Percentage:  <u>21.09</u> %	<b>19a</b> Distributions  316.	<b>19b</b> Distributions																
	<b>20a</b> Arkansas withholding or other payments																	
* Attach statement with additional information																		

**Box 14  
Other Deductions**

Total Arkansas  
Distr. Share

TAXPAYER'S  
COPY

Shareholder 1 : LAURENCE R. JONES, JR. 388-38-7434

For the taxable year beginning 01012021 ending 12312021

Interstate Production Company
2901 Verona
Mission Hills, KS 66208

Filing an AMENDED return? EIN 431231307

C Business Activity Code 211120 G State of Commercial Domicile: KS

A This return is being filed for 1 Partnership X 2 S Corporation

H Enter number of shareholders / partners included in Part II: 1

B Method Used to Determine Income of Corporation in Kansas

D Date Business Began in KS:

05281981

I Tax credit schedules are enclosed?

X 1 Activity wholly within Kansas or single entity apportionment method

J Enter the original federal due date if other than 15th day of the 3rd month after the end of the tax year:

2 Combined income method (Enclose Sch K-121S)

E Date Business Discontinued in KS:

3 Common carrier mileage (Enclose mileage apportionment schedule)

K Name or address has changed?

4 Alternative or separate accounting (See instructions under "Definitions" and enclose letter of authorization & schedule)

F State and Date of Incorporation:

TX 051981

L Are you filing Form K-40C?

5 Qualified elective two-factor (Part III) Year qualified:

M Have you submitted Form K-120EL?

Table with 2 columns: Description and Amount. Rows include Ordinary income from federal Sch. K (120040.00), Total of all other income from federal Sch K (00), Total of allowable deductions from federal Schedule K (00), Total federal income (120040.00), Total state and municipal interest (00), Taxes on or measured by income or fees or payments in lieu of income taxes (00), 250 deduction related to Global Intangible Low-Taxed Income (00), Business interest expense carryforward deduction (00), Other additions to federal income (00), Total additions to federal income (00), Interest on U.S. government obligations (00), I.R.C. § 78 and 80% of foreign dividends (00), Global Intangible Low-Taxed Income (00), Disallowed business interest deduction (00), Contributions to capital exceptions (00).



Interstate Production Company	431231307
15 Disallowed business meal expenses (I.R.C. § 274)(schedule required)	00
16 Other subtractions from federal income (Sch Req)	00
17 Total subtractions from federal income (Add lines 10 - 16)	00
18 Net income before apportionment (Add line 3 to line 9 and subtract line 17)	120040.00
19 Nonbusiness income - Total Company (Sch. req.)	00
20 Apportionable business income (Subtract line 19 from line 18)	120040.00
21 Average percent to Kansas (Part III, lines A, B, C & E)	14.8567
A 0.0000                      B                      C 29.7135	
22 Amount to Kansas (Multiply line 20 by line 21)	17834.00
23 Nonbusiness income - Kansas (Sch Req)	00
24 Kansas Expensing Deduction/Recapture (See instructions for K-120EX and enclose applicable schedules)	00
25 Total Kansas income (Add lines 22 - 24, or if filing combined enter line 25 from K-121S)	17834.00
26 Estimated tax paid and amount credited forward (Sep. Sch.)	00
27 Other tax payments (Sep. Sch.)	00
28 Refund (Add lines 26 & 27)	00

TAXPAYER'S COPY

X I authorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer Signature (Required) \_\_\_\_\_ Title President Date \_\_\_\_\_

Preparer Signature (Required) John W Duncan, CPA Preparer Phone Number (913) 660-77 Preparer PTIN, EIN or SSN (Required) P01668108  
WALSH WASHBURN, LLC 5360 COLLEGE BOULEVARD SUITE 100  
OVERLAND PARK, KS 66211



**PART I ADDITIONAL INFORMATION**

1 Did the corporation file a Kansas Income Tax return under the same name for the preceding year?  Yes  No If "no", enter previous name and EIN.  
\_\_\_\_\_  
\_\_\_\_\_

2 Enter the address of the corporation's principal location in Kansas.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 The corporation's books are in care of:  
Name The Corporation  
Address 2901 Verona  
Mission Hills KS 66208  
Telephone 816-474-1237

4 Has your corporation been involved in any reorganization during the period covered by this return?  Yes  No  
If "yes", enclose a detailed explanation.

5 If your federal taxable income has been redetermined for any prior years that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return.

Revenue Agent's Report  Net Operating Loss  
 Amended Return Years ended \_\_\_\_\_

**PART II PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME**

This schedule is to be completed for all partners or shareholders. If there are more than 12 partners or shareholders, you must complete a schedule similar to the schedule below and submit it with your return. Individual partners or shareholders complete columns 1 through 8. All other partners and shareholders complete columns 1 through 5.

(1) Name and address of partner or shareholder	Check box if nonresident	(2) SSN or EIN	(3) Partner's or shareholder's percent of ownership	(4) Partner's profit percent or shareholder's applicable percentage
a LAURENCE R. JONES, JR. 2901 VERONA MISSION HILLS, KS 66208	<input type="checkbox"/>	388-38-7434	100	100
b	<input type="checkbox"/>			
c	<input type="checkbox"/>			
d	<input type="checkbox"/>			
e	<input type="checkbox"/>			
f	<input type="checkbox"/>			
g	<input type="checkbox"/>			
h	<input type="checkbox"/>			
i	<input type="checkbox"/>			

See instructions for Nonresident Partner's or Shareholder's Computation of Columns 6, 7 and 8.

KSSZ0102L 01/04/22

(5) Income from Kansas sources. Kansas resident individuals: Multiply column 4 by line 18. Nonresident individuals: If income is earned only from Kansas sources multiply column 4 by line 18. If earned from inside and outside of Kansas, multiply column 4 by sum of lines 22 and 23. All other partners or shareholders: Multiply column 4 by sum of lines 22 and 23.	(6) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions. Multiply the percentage in column 4 by line 3.	(7) Partner's or shareholder's portion of total Kansas income. Multiply the percentage in column 4 by line 18.	(8) Partner's or shareholder's modification. See instructions. Enter result in Part A of Schedule S, Form K-40.
a 120040.	120040.	120040.	
b			
c			
d			
e			
f			
g			
h			
i			

Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME  
(Corporations using the combined income method must use Schedule K-121S)

For the taxable year beginning 1012021, ending 12312021

Name as shown on Form K-120 Interstate Production Company	Employer Identification Number (EIN) 43-1231307
--	--

PART III

APPORTIONMENT FORMULA

A Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
1 Value of owned real and tangible personal property used in business at original cost:					
Inventory					
Depreciable assets			266034.	266034.	
Land Stm 1					
Other tangible assets (Enclose schedule)			412462.	412462.	
Less: Construction in progress					
Total property to be averaged			678496.	678496.	
Average owned property (Beg. + End ÷ 2)				678496.	
2 Net annual rented property. Multiplied by 8					
<b>TOTAL PROPERTY</b> (Enter on line 21A, page 1)				678496.	<b>A 0.0000 %</b>

B Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)	WITHIN KANSAS	TOTAL COMPANY	
1 Compensation of officers			
2 Wages, salaries and commissions			
3 Payroll expense included in cost of goods sold			
4 Payroll expense included in repairs			
5 Other wages and salaries			
TOTAL PAYROLL (Enter on line 21B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)			<b>B 0.0000 %</b>

Sales (Gross receipts, less returns and allowances)	WITHIN KANSAS	TOTAL COMPANY	
Sales		254221.	
1 Sales delivered or shipped to purchasers in Kansas:			
(a) Shipped from outside Kansas			
(b) Shipped from within Kansas	75538.		
2 Sales shipped from Kansas to:			
(a) The United States Government			
(b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272)			
3 Dividends			
Interest			
Rents			
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)			
<b>TOTAL RECEIPTS</b> (Enter on line 21C, Page 1)	75538.	254221.	<b>C 29.7135 %</b>

<b>D1</b> Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula)	<b>D1 29.7135%</b>
<b>D2</b> Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)	<b>D2 %</b>
<b>E</b> Average percent of either D(1) or D(2), whichever is applicable (Enter on line 21, page 2)	<b>E 14.8567 %</b>



Interstate Production Company

43-1231307

Statement 1  
Form K-120S AS, Page 1, Line 1  
Other tangible assets

Description	Kansas Beginning	Kansas Ending	Total Company Beginning	Total Company Ending
Depletion.....	0	0	412462	412462
Total	\$ 0.	0.	412,462.	412,462.

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1315

R-8453C (1/22)

2021  
LA8453-C**LOUISIANA**  
DEPARTMENT of REVENUELouisiana Department of Revenue  
Corporation Income/Franchise Tax  
Declaration for Electronic FilingDo not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).  
For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_, 2022

PLEASE PRINT OR TYPE.

Name of Corporation <b>Interstate Production Company</b>			
Louisiana Revenue Account Number <b>6446686001</b>		Federal Employer Identification Number (FEIN) <b>43-1231307</b>	
Street Address of Corporation <b>2901 Verona</b>		Unit Type	Unit Number
City <b>Mission Hills</b>	State <b>KS</b>	Zip <b>66208</b>	Foreign Nation, if not United States (do not abbreviate)

**Part I – Tax Return Information** (whole dollars only)

<b>1</b>	Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2)	<b>1</b>	<b>1,342.</b>
<b>2</b>	Refund (Form CIFT-620, Line 28, column 3)	<b>2</b>	
<b>3</b>	Total amount due (Form CIFT-620, Line 25, column 3)	<b>3</b>	<b>1,342.</b>
<b>4</b>	Amount of payment remitted electronically	<b>4</b>	

**Part II – Declaration of Officer** (Sign only after Part I is completed.)

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2021 Income/2022 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.

I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

Signature of Officer	Date (mm/dd/yyyy)	Title
		<b>President</b>

**Part III – Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO'S Signature <b>X</b>	Date (mm/dd/yyyy)	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN <b>P01668108</b>
Firm's Name (or yours if self-employed) <b>WALSH WASHBURN, LLC</b>				FEIN <b>20-1940035</b>
City <b>5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK</b>		State <b>KS</b>	ZIP <b>66211</b>	Phone Number <b>(913) 660-7710</b>

**Paid Preparer's Use only**

Preparer's Signature <b>X</b>	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed)			
City		State	ZIP
			Phone Number

Louisiana Department of Revenue  
 Post Office Box 91011  
 Baton Rouge, LA 70821-9011

Enter your LA Revenue Account  
 Number here (Not FEIN):

6446686001

For office  
 use only.

Mark box if:

LA Corporation Income Tax Return for <b>2021</b>	LA Corporation Franchise Tax Return for <b>2022</b>
<b>Mark box if:</b>	
Calendar Year filer	<b>X</b>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Begun	Begun
Ended	Ended

- Name change.
- Address change.
- Amended return.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return

Legal Name <b>Interstate Production Company</b>		
Trade Name		
Mailing Address <b>2901 Verona</b>		
Unit Type	Unit Number	
City <b>Mission Hills</b>	State <b>KS</b>	ZIP <b>66208</b>
Foreign Nation, if not United States (do not abbreviate)		

<b>A</b>	Federal Employer Identification Number	431231307
<b>B</b>	Federal taxable income	120040
<b>C</b>	Federal income tax	0
<b>D</b>	Income tax apportionment percentage	27.21
<b>E</b>	Gross revenues	254221
<b>F</b>	Total assets	819554
<b>G</b>	NAICS code	211120
<b>H</b>	Enter the state abbreviation for location of the principal place of business.	
<b>I</b>	Does the income of this corporation include the income of any disregarded entities?	Yes No <b>X</b>
<b>J</b>	Was the income of this corporation included in a consolidated federal income tax return?	Yes No <b>X</b>
<b>K</b>	If answered yes to J, enter FEIN of consolidated federal income tax return.	
<b>L</b>	Do the books of the corporation contain intercompany debt?	Yes No <b>X</b>
<b>M</b>	Enter the code for the federal form filed.	2
<b>N</b>	Enter the code for the type of entity.	
<b>O</b>	Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.	
<b>1A</b>	Louisiana net income before loss adjustments and income tax deduction <span style="float: right;">32663</span>
<b>1B</b>	Subchapter S corporation exclusion <span style="float: right;">0</span>
	Loss carryforward
<b>1C</b>	less federal tax refund applicable to loss <span style="float: right;">1146</span>
	Attach schedule.
<b>1C1</b>	Loss carryforward utilized <span style="float: right;">825</span>
<b>1D</b>	Federal income tax deduction <span style="float: right;">0</span>
<b>1D1</b>	Federal Disaster Relief Credits <span style="float: right;">0</span>
<b>1E</b>	Louisiana taxable income <span style="float: right;">31838</span>
<b>2</b>	Louisiana income tax <span style="float: right;">1342</span>
<b>3</b>	Nonrefundable income tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
<b>4</b>	Income tax after priority 1 credits <span style="float: right;">1342</span>

Computation of Franchise Tax - See instructions.	
<b>5A</b>	Total capital stock, surplus, & undivided profits <span style="float: right;">415387</span>
<b>5B</b>	Franchise tax apportionment percentage <span style="float: right;">13.61</span>
<b>5C</b>	Franchise taxable base <span style="float: right;">56534</span>
<b>6</b>	Amount of assessed value of real and personal property in Louisiana in 2021 <span style="float: right;">0</span>
<b>7</b>	Louisiana franchise tax <span style="float: right;">0</span>
<b>8</b>	Nonrefundable franchise tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
<b>9</b>	Franchise tax after priority 1 credits <span style="float: right;">0</span>

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**



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Field Flag					
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DEV ID 1315

22241

Interstate Production Co

Net Amount Due						
		Col. 1 - Income tax	Col. 2 - Franchise tax		Col. 3 - Total	
10	Tax liability after priority 1 credits	10 1342	10	0		
11	Refundable credits from Schedule RC-P2	11 0	11	0		
12	Tax liability after priority 2 credits	12 1342	12	0		
13	Overpayment after priority 2 credits	13 0	13	0		
14	Nonrefundable credits from Schedule NRC-P3	14 0	14	0		
15	Tax liability after priority 3 credits	15 1342	15	0	15	1342
16A	Overpayment after priority 2 credits	16A 0	16A	0		
16B	Refundable credits from Schedule RC-P4	16B 0	16B	0		
16C	Credit carryforward from prior year return	16C 0	16C	0		
16D	Estimated payments	16D 0				
16E	Payment made with extension	16E 0	16E	0		
16F	Total refundable credits and payments	16F 0	16F	0		
17	Overpayment	17 0	17	0	17	0
18	Tax due	18 1342	18	0		
19	Amount of Income tax overpayment applied to franchise tax		19	0		
20	Net Tax due		20	0		
21	Interest	21 0	21	0		
22	Delinquent filing penalty	22 0	22	0		
23	Delinquent payment penalty	23 0	23	0		
24	Additional donation to The Military Family Assistance Fund	24 0	24	0		
25	Total amount due	25 1342	25	0	25	1342

▼ PAY THIS AMOUNT ▼

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

LACA0102L 01/05/22



22242

Interstate Production Co

Net Amount Due				
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total	
<b>26</b> Net overpayment		26	0	26
<b>27</b> Amount of overpayment you want to donate to The Military Family Assistance Fund				27
<b>28</b> Amount of overpayment to be refunded				28
<b>29</b> Amount of overpayment to be credited to 2022				29

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: [www.revenue.louisiana.gov/LaTap](http://www.revenue.louisiana.gov/LaTap).

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.

Signature of Officer		Title of Officer President	
Print Name of Officer		Telephone 816-474-9737	Date (mm/dd/yyyy)

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name John W Duncan, CPA		Preparer's Signature John W Duncan, CPA		Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	WALSH WASHBURN, LLC			Firm's FEIN ▶	20-1940035
	Firm's Address ▶	5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK, KS 66211			Telephone ▶	913-660-7710

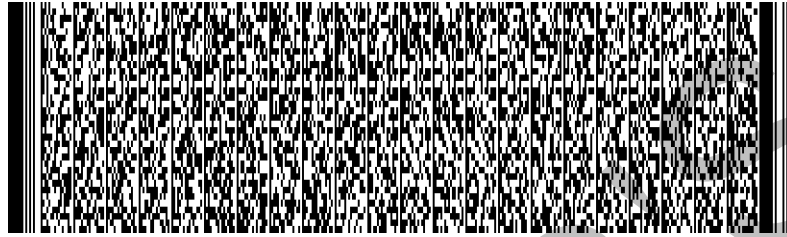
**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

**PTIN, FEIN, or LDR Account Number of Paid Preparer** 201940035

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**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

LACA0104L 01/05/22



Interstate Production Company

All applicable schedules must be completed.

Schedule A – Required Information			
<b>1</b> At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?  If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes	<input type="checkbox"/>	
			1
			2
	No	<input checked="" type="checkbox"/>	3
			4
			5
<b>2</b> At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?  If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities. See Statement 2	Yes	<input checked="" type="checkbox"/>	
			1
			2
	No	<input type="checkbox"/>	3
			4
			5
<b>3</b> If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes	<input type="checkbox"/>	
			1
			2
	No	<input checked="" type="checkbox"/>	3
			4
			5

Schedule B – Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1 Total amount	2 Louisiana amount	3 Percent
<b>1</b> Net sales of merchandise and/or charges for services			
<b>A</b> Sales	254,221.	69,168.	
<b>B</b> Charges for services			
<b>C</b> Other gross apportionable income			
<b>D</b> Total – Add the amounts in Columns 1 and 2.	254,221.	69,168.	__27.21%
<b>2</b> For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/>			_____%
<b>3</b> For certain oil & gas businesses only (see instructions). Income tax property ratio – Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/>			_____%
<b>4</b> ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			_____%
<b>5</b> Total of percents in Column 3			__27.21%
<b>6</b> Average of percents – Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			__27.21%



## Interstate Production Company

Schedule D – Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
<b>1A</b> Gross receipts	254,221	.00	<b>22</b> Other employee benefit plans		.00
<b>1B</b> Less returns and allowances		.00	<b>23</b> Other deductions – Attach sch. See Statement 5	120,019	.00
<b>1C</b> Balance. Subtract Line 1B from Line 1A.	254,221	.00	<b>24</b> Total deductions – Add Lines 10 through 23.	190,109	.00
<b>2</b> Less: Cost of goods sold and/or operations – Attach schedule.		.00	<b>25</b> Net income from all sources – Subtract Line 24 from Line 9.	120,040	.00
<b>3</b> Gross profit – Subtract Line 2 from Line 1C.	254,221	.00	<b>26</b> Allocable income from all sources :		
<b>4</b> Gross rents		.00	<b>26A</b> Net rents and royalties from immovable or corporeal movable property		.00
<b>5</b> Gross royalties		.00	<b>26B</b> Royalties from the use of patents, trademarks, etc.		.00
<b>6</b> Income from estates, trusts, partnerships		.00	<b>26C</b> Income from estates, trusts, and partnerships		.00
<b>7</b> Income from construction, repair, etc.		.00	<b>26D</b> Income from construction, repair, etc.		.00
<b>8</b> Other income – Attach schedule. See Statement 3	55,928	.00	<b>26E</b> Other allocable income		.00
<b>9</b> Total income – Add Lines 3 through 8.	310,149	.00	<b>26F</b> Allocable expenses ( )		.00
<b>10</b> Compensation of officers		.00	<b>26G</b> Net allocable income from all sources		.00
<b>11</b> Salaries and wages (not deducted elsewhere)		.00	<b>27</b> Net income subject to apportionment – Subtract Line 26G from Line 25.	120,040	.00
<b>12</b> Repairs		.00	<b>28</b> Net income apportioned to Louisiana	32,663	.00
<b>13</b> Bad debts		.00	<b>29</b> Allocable income from Louisiana sources:		
<b>14</b> Rent		.00	<b>29A</b> Net rents and royalties from immovable or corporeal movable property		.00
<b>15</b> Taxes and licenses – Attach schedule. See Statement 4	14,162	.00	<b>29B</b> Royalties from the use of patents, trademarks, etc.		.00
<b>16</b> Interest		.00	<b>29C</b> Income from estates, trusts, and partnerships		.00
<b>17</b> Charitable Contributions		.00	<b>29D</b> Income from construction, repair, etc.		.00
<b>18</b> Depreciation – Attach schedule.		.00	<b>29E</b> Other allocable income		.00
<b>19</b> Depletion – Attach schedule.	55,928	.00	<b>29F</b> Allocable expenses ( )		.00
<b>20</b> Advertising		.00	<b>29G</b> Net allocable income from Louisiana sources		.00
<b>21</b> Pension, profit sharing, stock bonus, and annuity plans		.00	<b>30</b> Louisiana net income before loss adjustments and federal income tax deduction – Add Line 28 and Line 29G.	32,663	.00



## Interstate Production Company

## Schedule E - Reconciliation of Income Per Books with Income Per Return

<b>1</b> Net income per books	120,040.	<b>6</b> Total – Add Lines 1 through 5c.	175,968.
<b>2</b> Louisiana income tax		<b>7</b> Income recorded on books this year, but not included in this return – Attach Schedule	
<b>3</b> Excess of capital loss over capital gains		<b>8</b> Deductions in this tax return not charged against book income this year:	
<b>4</b> Taxable income not recorded on books this year – Attach Sch. See Stmt 6	55,928.	<b>a</b> Depreciation	
<b>5</b> Expenses recorded on books this year, but not deducted in this return:		<b>b</b> Depletion	55,928.
<b>a</b> Depreciation		<b>c</b> Other – Attach Sch.	
<b>b</b> Depletion		<b>9</b> Total – Add Lines 7 through 8c.	55,928.
<b>c</b> Other – Attach Sch.		<b>10</b> Net income from all sources per return – Subtract Line 9 from Line 6.	120,040.

## Schedule G – Liabilities and Capital from Balance Sheet

Liabilities and Capital	1 Beginning of year	2 End of year
<b>1</b> Accounts payable	301.	301.
<b>2</b> Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred		
<b>3</b> Other current liabilities – Attach schedule.		
<b>4</b> Loans from stockholders – Attach schedule. See Statement 7	442,000.	442,000.
<b>5</b> Due to subsidiaries and affiliates		
<b>6</b> Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred		
<b>7</b> Other liabilities – Attach schedule.		
<b>8</b> Capital stock: <b>a</b> Preferred stock		
<b>b</b> Common stock	1,000.	1,000.
<b>9</b> Paid-in or capital surplus	883,316.	883,316.
<b>10</b> Surplus reserves – Attach schedule.		
<b>11</b> Earned surplus and undivided profits	-625,606.	-507,063.
<b>12</b> Excessive reserves or undervalued assets		
<b>13 Totals – Add Lines 1 through 12.</b>	701,011.	819,554.



Interstate Production Company  
All applicable schedules must be completed.

<b>Schedule F – Reconciliation of Federal and Louisiana Net Income</b> See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
<b>1</b> Enter the total net income calculated under federal law before special deductions. <small>See Corp Tax Inc Worksheet</small>	120,040.
<b>2 Additions to federal net income:</b>	
<b>a</b> Louisiana income tax	
<b>b</b> Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
<b>c</b> Donation to School Tuition Organization Credit (see instructions).	
<b>d</b> Other additions – Attach schedule. See Statement 8	55,928.
<b>e</b> Total additions – Add Lines 2a through 2d.	55,928.
<b>3 Subtractions from federal net income:</b>	
<b>a</b> Bank dividends (see instructions).	
<b>b</b> All other dividends	
<b>c</b> Interest	
<b>d</b> Road Home – The amount included in federal taxable income.	
<b>e</b> Louisiana depletion in excess of federal depletion	55,928.
<b>f</b> Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	
<b>g</b> Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	
<b>h</b> Compensation for disaster services (see instructions).	
<b>i</b> Expenses not deducted on the federal return due to Internal Revenue Code Section 280E	
<b>j</b> COVID-19 Relief Benefits	
<b>k</b> Other subtractions – Attach schedule.	
<b>l</b> Total subtractions – Add Lines 3a through 3k.	55,928.
<b>4</b> Louisiana net income from all sources – The amount should agree with Schedule D, Line 25.	120,040.



Interstate Production Company

See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base		
<b>1</b>	Capital Stock:	
	<b>1A</b> Common Stock – Include paid-in or Capital Surplus	
	<b>1B</b> Preferred Stock – Include paid-in or Capital Surplus	
<b>2</b>	Total Capital stock – Add Lines 1A and 1B.	
<b>3</b>	Surplus and undivided profits	
<b>4</b>	Surplus reserves – Include any excessive reserves or undervalued assets	
<b>5</b>	Total – Add Lines 2, 3, and 4	
<b>6</b>	Due to subsidiaries and affiliates (Do not net with receivables)	
<b>7</b>	Deposit liabilities to affiliates – Included in the amount on Line 6	
<b>8</b>	Accounts payable less than 180 days old – Included in the amount on Line 6	
<b>9</b>	Adjusted debt to affiliates – Subtract Lines 7 and 8 from Line 6	
<b>10A</b>	If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	
<b>10B</b>	If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	
<b>11</b>	Additional Surplus and Undivided Profits – See instructions	
<b>Total Franchise Taxable Base</b>		
<b>12</b>	Capital Stock: Common Stock	1,000.
	Preferred Stock	
<b>13</b>	Paid-in or capital surplus – Include items of paid-in capital in excess of par value	883,316.
<b>14</b>	Surplus reserves – Attach schedule	
<b>15</b>	Earned surplus and undivided profits <span style="float: right;">Statement 9</span>	-468,929.
<b>16</b>	Excessive reserves or undervalued assets	
<b>17</b>	Additional surplus and undivided profits – From Line 11 above	
<b>18</b>	Allowable deductions – See instructions	
<b>19</b>	<b>Total capital, surplus and undivided profits – Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.</b>	<b>415,387.</b>

**Note:** All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



## Interstate Production Company

Schedule H – Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1 End of year	2 End of year
1 Cash	333,595.	
2 Notes and accounts receivable		
3 Reserve for bad debts	( )	( )
4 Investment in U.S. gov. obligations		
5 Stock and obligations of subsidiaries		
6 Other investments – Attach schedule See Statement 10	485,959.	
7 Loans to stockholders		
8 Other intangible assets – Attach schedule		
9 Accumulated depreciation	( )	( )
10 Total intangible assets – Add Lines 1-9	819,554.	
11 Inventories		
12 Buildings and other depreciable assets	266,034.	
13 Accumulated depreciation	( 266,034. )	( )
14 Depletable assets	412,462.	
15 Accumulated depletion	( 412,462. )	( )
16 Land		
17 Other real & tangible assets – Attach schedule		
18 Excessive reserves, assets not reflected on books, or undervalued assets		
19 Total real and tangible assets – Add Lines 11 through 18		
20 Total Assets – Add Lines 10 and 19	819,554.	
21 Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		_____ 0 %



## Interstate Production Company

Schedule I – Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	1 Total amount	2 Louisiana amount	3 Percent
<b>1</b> Net sales of merchandise, charges for services, and other revenues			
<b>A</b> Sales	254,221.	69,168.	
<b>B</b> Charges for services			
<b>C</b> Other Revenues:			
<b>(i)</b> Rents and royalties			
<b>(ii)</b> Dividends and interest from subsidiaries			
<b>(iii)</b> Other dividends and interest			
<b>(iv)</b> All other revenues			
<b>D</b> Total – If the ratio is not used, check the box. <input type="checkbox"/>	254,221.	69,168.	__ 27.21 %
<b>2</b> Franchise tax property ratio – Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input checked="" type="checkbox"/>			_____ 0 %
<b>3</b> Total of applicable percents in Column 3			__ 27.21 %
<b>4</b> Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			__ 13.61 %



Interstate Production Company

Schedule J – Calculation of Income Tax			
1 Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			31,838.
2 Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a First \$25,000 of net taxable income	25000.	x 4%=	1,000.
b Next \$25,000	6,838.	x 5%=	342.
c Next \$50,000		x 6%=	
d Next \$100,000		x 7%=	
e Over \$200,000		x 8%=	
3 Add the amounts in Column 1, Lines 2a through 2e and enter the result.		31,838.	
4 Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			1,342.

Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax			
1 Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2 Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a First \$25,000 of net taxable income		x 2%=	
b Next \$75,000		x 4%=	
c Over \$100,000		x 6%=	
3 Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4 Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

Schedule K - Summary of Estimated Tax Payments			
	Check number	Date	Amount
1 Credit from prior year return			
2 First quarter estimated payment			
3 Second quarter estimated payment			
4 Third quarter estimated payment			
5 Fourth quarter estimated payment			
6 Payment made with extension request			

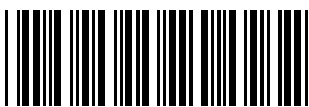


Interstate Production Company

Schedule L – Calculation of Franchise Tax	
1 Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. <input type="checkbox"/>	56,534.
2 Enter the amount of Line 1 or \$300,000, whichever is less.	56,534.
3 Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. See instructions for the suspension of the low-tier of the tax.	
4 Subtract Line 2 from Line 1 and enter the result.	
5 Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	
6 Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	

Schedule M – Analysis of Schedule G, Line 11, Column 2 – Earned surplus and undivided profits per books			
1 Balance at beginning of year	-625,606.	b Stock	
2 Net income per books	120,040.	c Property	
3 Other increases –Att. sch.		6 Other decreases – Attach schedule.	
4 Total – Add Lines 1, 2, and 3.	-505,566.	7 Total – Add Lines 5a through 6.	1,497.
5 Distributions: a Cash	1,497.	8 Balance at end of year – Subtract Line 7 from Line 4.	-507,063.

Schedule N – Additional Information Required	
1 Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.  Louisiana:  _____  OIL & GAS PRODUCTION OIL & GAS  Elsewhere:  _____  OIL & GAS PRODUCTION OIL & GAS	2 Indicate the date and state of incorporation. <u>5/26/1981 TX</u> 3 Indicate parishes in which property is located. _____ _____ _____ _____ _____



Name of Corporation

Louisiana Revenue Account Number

Interstate Production Company

6446686001

I N C O M E	1	Gross receipts or sales. Less returns and allowances	▶	1	254,221.
	2	Cost of goods sold		2	
	3	Gross profit. Subtract line 2 from line 1		3	254,221.
	4	Dividends		4	
	5	Interest		5	
	6	Gross rents		6	
	7	Gross royalties		7	
	8	Capital gain net income		8	
	9	Net gain or (loss) from Form 4797, Part II, line 17		9	
	10	Other income (attach schedule)		10	
	11	<b>Total income.</b> Add lines 3 through 10	▶	11	254,221.
D E D U C T I O N S	12	Compensation of officers		12	
	13	Salaries and wages. Less employment credits	▶	13	
	14	Repairs and maintenance		14	
	15	Bad debts		15	
	16	Rents		16	
	17	Taxes and licenses		17	14,162.
	18	Interest		18	
	19	Charitable contributions (10% limitation)		19	
	20	Depreciation		20	
	21	Depletion		21	
	22	Advertising		22	
	23	Pension, profit-sharing, etc., plans		23	
	24	Employee benefit programs		24	
	25	Reserved for future use		25	
	26	Other deductions (attach schedule)	Stm. 11	26	120,019.
	27	<b>Total deductions.</b> Add lines 12 through 26	▶	27	134,181.
	28	<b>Corporate Taxable income.</b> Subtract line 27 from line 11		28	120,040.

Interstate Production Company

6446686001

**Statement 1**  
**Form CIFT-620, Lines 1C**  
**Net Operating Loss Carryforward**

Carryover Generated From Year 12/31/20	\$	1,146.
Federal Tax Refund Applicable to Loss.....	\$	0.
Available for Carryover to 2021.....	\$	<u>1,146.</u>
Total Net Operating Loss Carryforward.....	\$	<u><u>1,146.</u></u>

**Statement 2**  
**Form CIFT-620, Required Information, Line 2**  
**Ownership of 50% or More of this Corporation**

Name of Shareholder:	LAURENCE R. JONES, JR.
Street Address:	2901 VERONA
City, State, Zip Code:	MISSION HILLS, KS 66208
Social Security Number:	388-38-7434
% of Voting Stock:	100.000000

**Statement 3**  
**Form CIFT-620, Computation of LA Net Income, Line 8**  
**Other Income**

Federal Depletion in Excess of LA Deplet.....	\$	55,928.
Total	\$	<u><u>55,928.</u></u>

**Statement 4**  
**Form CIFT-620, Computation of LA Net Income, Line 15**  
**Taxes**

Corporate License.....	\$	398.
Production Taxes (Oil & Gas).....		13,764.
Total	\$	<u><u>14,162.</u></u>

**Statement 5**  
**Form CIFT-620, Computation of LA Net Income, Line 23**  
**Other Deductions**

Bank Charges.....	\$	70.
Dues and Subscriptions.....		24,436.
Legal and Professional.....		11,400.
Operating Expense (Oil & Gas).....		84,113.
Total	\$	<u><u>120,019.</u></u>

Interstate Production Company

6446686001

**Statement 6**  
**Form CIFT-620 , Schedule E, Line 4**  
**Taxable Income not Recorded on Books this Year**

Federal Depletion in Excess of LA Deplet.....		\$	55,928.
	Total	\$	<u>55,928.</u>

**Statement 7**  
**Form CIFT-620, Schedule G, Line 4**  
**Loans from Stockholders**

	Beginning	Ending
Loan from Shareholder.....	\$ 442,000.	\$ 442,000.
	Total	Total
	\$ <u>442,000.</u>	\$ <u>442,000.</u>

**Statement 8**  
**Form CIFT-620, Schedule F, Line 2(d)**  
**Other Additions to Federal Net Income**

Federal Depletion in Excess of LA Deplet.....	\$	55,928.
	Total	<u>55,928.</u>

**Statement 9**  
**Form CIFT-620, Schedule G-1, Line 15**  
**Earned Surplus and Undivided Profits**

	Ending
Earned surplus and undivided profits.....	\$ -507,063.
	38,134.
	Total
	\$ <u>-468,929.</u>

**Statement 10**  
**Form CIFT-620, Franchise Tax Property Ratio, Line 6**  
**Other Investments - Everywhere**

	Beginning	Ending
Camterra Resources Limited.....	\$ 485,959.	\$ 485,959.
	Total	Total
	\$ <u>485,959.</u>	\$ <u>485,959.</u>

**Statement 11**  
**Corporate Taxable Income Worksheet, Line 26**  
**Other Deductions**

Bank Charges.....	\$	70.
Dues and Subscriptions.....		24,436.
Legal and Professional.....		11,400.

Statement 11 (continued)  
Corporate Taxable Income Worksheet, Line 26  
Other Deductions

Operating Expense (Oil & Gas).....	\$	84,113.
Total	\$	<u>120,019.</u>

TAXPAYER'S  
COPY

## Interstate Production Company

6446686001

Prop Number	Property Description	Production Type	Gross Income	Production Tax	IDC*	Operating Expenses	Amortization/Depreciation	* Section 179	Allocated Overhead	Dry Hole Expense*	Other Expenses	Net Income
3	Texas	Primary Oil	20,194	564		6,681						12,949
1	Kansas	Primary Oil	75,538	486		24,993						50,059
2	Oklahoma	Primary Oil	35,710	2,101		11,815						21,794
4	Louisiana	Primary Oil	69,168	9,511		22,886						36,771
5	Arkansas	Primary Oil	53,611	1,102		17,738						34,771
Totals: Trade or Business Income			254,221	13,764	0	84,113	0	0	0	0	0	156,344
Grand Totals			254,221	13,764	0	84,113	0	0	0	0	0	156,344

\* - Pass-through expenses included in net income only for calculation of net income limitation on the Federal Oil and Gas Allowable Depletion Report.

## Interstate Production Company

6446686001

Prop Number	Property Description	Production Type	Gross % Depletion	Tentative % Depletion	Cost Depletion	Greater of % of Cost	% Depletion in Excess of Basis	Excess IDC
3	Texas	Primary Oil	4,443	4,443		4,443	4,443	
1	Kansas	Primary Oil	16,618	16,618		16,618	16,618	
2	Oklahoma	Primary Oil	7,856	7,856		7,856	7,856	
4	Louisiana	Primary Oil	15,217	15,217		15,217	15,217	
5	Arkansas	Primary Oil	11,794	11,794		11,794	11,794	
Totals: Trade or Business Income			55,928	55,928	0	55,928	55,928	0
Grand Totals			55,928	55,928	0	55,928	55,928	0



# Oklahoma Income Tax Declaration for Electronic Filing (for Form 512, 512-S, 513, 513-NR or 514)

2021  
FORM EF

Do not send to the Oklahoma Tax Commission. Keep Form EF for your records.

For calendar year 2021 or tax year beginning 1/01, 2021 and ending 12/31, 20 21.

Name of Entity: Interstate Production Company  
Federal Employer Identification Number: 43-1231307

## 1 TAX RETURN INFORMATION (whole dollars only) Complete lines A and B. Enter the applicable amounts from the return, if any.

Form 512:	A. Oklahoma taxable income (Form 512, line 1)		00
	B. Refund or balance due (Form 512, line 31 or 26)		00
Form 512-S:	A. Nonresident share of taxable income (Form 512-S, line 1)	0	00
	B. Refund or balance due (Form 512-S, line 31 or 26)	0	00
Form 513:	A. Taxable income of fiduciary (Form 513, line 24)		00
	B. Refund or balance due (Form 513, line 37 or 41)		00
Form 513NR:	A. Taxable income of fiduciary (Form 513-NR, line 26)		00
	B. Refund or balance due (Form 513-NR, line 41 or 45)		00
Form 514:	A. Nonresident share of income (Form 514, line 1)		00
	B. Refund or balance due (Form 514, line 14 or 18)		00

## 2 DECLARATION OF OFFICER, PARTNER, MEMBER OR FIDUCIARY

- 2a  I consent the refund be directly deposited as designated in the electronic portion of the Oklahoma income tax return.
- 2b  I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If a balance due return is being filed, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of the tax liability, the entity will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on the return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of the Oklahoma income tax return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent the return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: \_\_\_\_\_  
Signature of Officer, Partner, Member or Fiduciary      Date      President  
Title

## 3 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form EF and have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in the Federal Publication for Modernized e-File. If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Sign Here: John W Duncan, CPA      P01668108      (913) 660-7710  
ERO Signature      Date      PTIN      Phone Number with Area Code

Sign Here: \_\_\_\_\_  
Paid Preparer Signature      Date      PTIN      Phone Number with Area Code

Firm Name (or yours if self-employed): WALSH WASHBURN, LLC  
and Address, City, and Zip Code: 5360 COLLEGE BOULEVARD SUITE 100  
OVERLAND PARK KS 66211

ERO Must Retain Form EF – Unless Requested Do Not Submit This Form to the Oklahoma Tax Commission.

**FOR INFORMATIONAL PURPOSES ONLY**  
**Oklahoma Small Business Corporation**  
**Income and Franchise Tax Return**

**Form 512-S**  
**2021**



**MUST BE FILED ELECTRONICALLY**

For the year January 1 - December 31, 2021, or other taxable year beginning:  2021 ending:

Corporate name:  Federal Employer Identification Number:  Business code number:   
 Street address:   
 City:  State or Province:  Country:  ZIP or Foreign Postal Code:   
 Date of incorporation:  Under the laws of:  County in which located:  Type of business:   
 Extension: If you have applied for an extension from the IRS, place an 'X' here and provide a copy.   
 Place an "X" if: (1)  Initial return (2)  Final return (3)  Amended return (See Schedule 512-S-X on page 10) (4)  Electing PTE (Form 586 was filed)

→ **Notice:** Corporations should not complete the franchise tax portion of the return for the following reasons:  
 • Filing a stand-alone Oklahoma Annual Franchise Tax Return (Form 200).  
 • Not required to file a franchise tax return.  
 • Remitted the maximum amount of franchise tax for the preceding tax year.

**PART ONE, SECTION ONE: INCOME TAX - Tax Computation Schedule for Nonresident Shareholders Who Do Not File Form 512-SA and Electing Pass-through Entities -or- for a Corporation Claiming the Refundable Credits from Form 577 or 578.**

1a	Nonresident share of income from Page 5, Part 5, line 14	1a	0	00
1b	Nonresident share of Okla. capital gain deduction (provide Form (s) 561-S)	1b		00
1c	Nonresident share of deductions (see instructions)	1c		00
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box		1	00
<b>Complete line 2a -or- lines 2b and 2c</b>				
2a	Nonresident Oklahoma tax (6% of line 1)	2a		00
2b	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23)	2b		00
2c	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23)	2c		00
2	Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)		2	0 00
3	Other Credits Form (see instructions) (provide Form 511-CR)		3	00
4	Balance of tax due (line 2 minus line 3, but not less than zero)		4	0 00
5	2021 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward)	5		00
6	Amount paid with extension request	6		00
7	Oklahoma withholding (provide Form 1099, 500-A, 500-B or other withholding statement)	7		00
8	Refundable Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 578	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9		00
10	Any refunds or overpayment applied (amended return only)	10	(	) 00
11	Total of lines 5 through 10	11		00
12	Overpayment (line 11 minus line 4)	12	Overpayment	0 00
13	Tax Due (line 4 minus line 11)	13	Income Tax Due	00
14	Donation: Public School Classroom Support Fund	14		00
15	Underpayment of estimated tax interest	15	Annualized <input type="checkbox"/>	00
16	For delinquent payment add penalty of 5% interest of 1.25% per month	16		00
17	Total tax, penalty and interest (add lines 13 - 16)	17	Income Tax Balance Due	0 00

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.  
**This form is due 30 days after the due date of the Federal Return**

**FOR INFORMATIONAL PURPOSES ONLY**

2021 Form 512-S - Page 2 Small Business Corporation Income and Franchise Tax



Name shown on Form 512-S: Interstate Production Company

FEIN 43-1231307

**SECTION TWO: FRANCHISE TAX**

Place an "X" here if filing a combined corporate income and franchise tax return and complete Section Two. Corporations filing a Form 200 will skip Section Two and complete Section Three.

To complete lines 18 - 25, use the figures from page 6, lines 12-19.

18	Tax		18		00
19	Registered Agents Fee		19		00
20	Interest		20		00
21	Penalty		21		00
22	Reinstatement Fee		22		00
23	Previous Payment		23	( )	00
24	Overpayment	Franchise Tax Overpayment →	24		00
25	Total Due	Franchise Tax Balance →	25		00

**SECTION THREE: TOTAL**

All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 26. If there is a net overpayment, complete lines 27-31.

**Balance Due**

26 Total Balance Due Balance Due → 26 00

**Overpayment**

27 Total Overpayment 27 00  
 28 Amount of line 27 to be credited to 2022 estimated income tax (original return only) 28 00

Line 29 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the number of the organization from the line 29 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and provide a schedule showing how you would like your donation split.

29 Donations from your refund  \$2  \$5  \$ \_\_\_\_\_ 29 00

30 Total (add lines 28 and 29) 30 00

31 Amount of line 27 to be refunded to you (line 27 minus line 30) Refund → 31 00

**Direct Deposit Note:**

All refunds must be by direct deposit. See Direct Deposit Information on page 18 of the 512-S Packet for details.

Is this refund going to or through an account that is located outside of the United States?  Yes  No

Deposit my refund in my:  checking account  savings account

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an "X" here:

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge.

Make check payable to the Oklahoma Tax Commission

Signature of Officer		Date
Printed Name of Officer	Officer Email Address	
Title	Phone Number	
President	816-474-9737	

Signature of Preparer		Date
John W Duncan, CPA		
Printed Name of Preparer	Preparer Email Address	
John W Duncan, CPA	john@walshwashburn.com	
Phone Number	Preparer's PTIN	
(913) 660-7710	P01668108	

5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK, KS 66211

Provide a complete copy of Federal return

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

**FOR INFORMATIONAL PURPOSES ONLY**

2021 Form 512-S - Page 3 Small Business Corporation Income and Franchise Tax



Name shown on Form 512-S: Interstate Production Company

FEIN 43-1231307

**PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS**

Complete Column A. Column B should be completed by S Corporations whose income is all within Oklahoma and/or by those whose income is partly within and partly without Oklahoma (not of a unitary nature). **CAUTION:** Include only trade or business income and expenses on lines 1a through 21 below.

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	<b>a</b> Gross receipts or sales. . . . . \$	35,710.	1 .00
	<b>b</b> Minus returns and allowances. . . . . \$		
2	Cost of goods sold and/or operations. . . . .	.00	2 .00
3	Gross profit (subtract line 2 from line 1). . . . .	254,221.00	3 .00
4	Net gain (loss) (Form 4797 Part II, line 17). . . . .	.00	4 .00
5	Other income (loss) (provide schedule). . . . .	.00	5 .00
6	<b>Total income</b> (loss) (add lines 3 through 5). . . . .	254,221.00	6 .00
7	Compensation of officers. . . . .	.00	7 .00
8	Salaries and wages. . . . .	.00	8 .00
9	Repairs and maintenance. . . . .	.00	9 .00
10	Bad debts. . . . .	.00	10 .00
11	Rent. . . . .	.00	11 .00
12	Taxes and licenses. . . . .	14,162.00	12 .00
13	Interest. . . . .	.00	13 .00
14	Depreciation. . . . .	.00	14 .00
15	Depletion (do not deduct oil and gas depletion). . . . .	.00	15 .00
16	Advertising. . . . .	.00	16 .00
17	Pension, profit-sharing, etc. plans. . . . .	.00	17 .00
18	Employee benefit programs. . . . .	.00	18 .00
19	Other deductions (provide schedule). . . . .	120,019.00	19 .00
20	<b>Total deductions</b> (add lines 7 through 19). . . . .	134,181.00	20 .00
21	<b>Ordinary Income (Loss) from trade or business:</b> Subtract line 20 from line 6. Enter here and below on Part 3, line 1. . . . .	120,040.00	21 .00

**PART 3: SHAREHOLDERS' PRO RATA SHARE ITEMS**

**INCOME (LINES 1 THROUGH 11)**

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	Ordinary income (loss) from trade or business (from above on Part 2, line 21). . . . .	120,040.00	1 .00
2	Net income (loss) from rental real estate activity(ies) (provide schedule). . . . .	.00	2 .00
3	Net income (loss) from other rental activity(ies) (provide schedule). . . . .	.00	3 .00
4	Interest income		
	<b>a:</b> Interest on loans, notes, mortgages, bonds, etc. . . . .	.00	4a .00
	<b>b:</b> Interest on obligations of a state or political subdivision. . . . .		4b .00
	<b>c:</b> Interest on obligations of the United States. . . . .	.00	4c .00
	<b>d:</b> Other interest income. . . . .	.00	4d .00
5	Dividend income. . . . .	.00	5 .00
6	Royalties. . . . .	.00	6 .00
7	Net short-term capital gain (loss) (Schedule D, 1120-S). . . . .	.00	7 .00
8	Net long-term capital gain (loss) (Schedule D, 1120-S). . . . .	.00	8 .00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft). . . . .	.00	9 .00
10	Other (provide schedule). . . . .	.00	10 .00
11	<b>Total income</b> (add lines 1 through 10). . . . .	120,040.00	11 .00

**DEDUCTIONS (LINES 12 THROUGH 17)**

12	Section 179 deduction (provide schedule). . . . .	.00	12 .00
13	Contributions. . . . .	.00	13 .00
14	Deductions related to portfolio income. . . . .	.00	14 .00
15	Intangible drilling costs. . . . .	.00	15 .00
16	Other deductions authorized by law (provide schedule). . . . .	.00	16 .00
17	<b>Total Deductions</b> (add lines 12 through 16). . . . .	.00	17 .00

**TOTAL (LINE 18)**

18	Net distributable income (line 11 minus line 17). . . . .	120,040.00	18 19,244.00
----	---	------------	--------------

If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 8 of packet.

**FOR INFORMATIONAL PURPOSES ONLY**

2021 Form 512-S - Page 4 Small Business Corporation Income and Franchise Tax



Name shown on Form 512-S: Interstate Production Company

FEIN 43-1231307

**PART 4: Computation of Oklahoma Taxable Income of a Unitary Enterprise whose Income is Partly within and Partly without Oklahoma**

1	Net distributable income from Page 3, Part 3, Column A, line 18		1	120,040.
2	Add:			
	a Taxes based on income	2a		
	b Unallowable deduction (provide schedule)	2b		
	c Other income (provide schedule)	2c		
	d Total of lines 2a through 2c	2d		
3	Deduct all items separately allocated:			
	a Interest on obligations of the United States	3a		
	b See Statement 1	3b		
	c	3c	156,344.	
	d Total of lines 3a through 3c	3d	156,344.	
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income (line 1 plus line 2d, minus line 3d)		4	-36,304.
5	Oklahoma's portion thereof 7.0234%, from schedule below		5	-2,550.
6	Add items separately allocated to Oklahoma:			
	a See Statement 2	6a		
	b	6b		
	c	6c		
	d	6d	21,794.	
	e Total of lines 6a through 6d	6e	21,794.	
7	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 3, Part 3, Column B, line 18)		7	19,244.

**APPORTIONMENT FORMULA**

	Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
1	Value of real and tangible personal property used in the unitary business (by averaging the values at the beginning and ending of the tax period):		
a	Owned property (at original cost):		
	(i) Inventories 1ai		
	(ii) Depreciable property 1aii	678,496.	
	(iii) Land 1aiii		
	(iv) Total of section "a" 1aiv	678,496.	
b	Rented property (capitalize at 8 times net rental paid) 1b		
c	Total of sections "a" and "b" above \$	\$ 678,496.	1c %
2	a Payroll 2a		
	b Less: Officer's salaries 2b		
c	Total (subtract officer's salaries from payroll) \$	\$	2c %
3	Sales:		
a	Sales delivered or shipped to Oklahoma purchasers:		
	(i) Shipped from outside Oklahoma 3ai		
	(ii) Shipped from within Oklahoma 3aii	35,710.	
b	Sales shipped from Oklahoma to:		
	(i) The United States Government 3bi		
	(ii) Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272) 3bii		
c	Total of sections "a" and "b" \$	\$ 35,710.	3c 14.0468 %
4	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: Revenue		
5	Total percent (sum of items 1, 2 and 3)		5 14.0468 %
6	Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 5 above)		6 7.0234 %

**Note: Provide a complete copy of your Federal return.**



FOR INFORMATIONAL PURPOSES ONLY



**Nonresident  
Shareholder Agreement**

**MUST BE FILED ELECTRONICALLY**

**Not for a shareholder of an electing pass-through entity (PTE)**

FORM **512-SA** 2021

I, LAURENCE R. JONES, JR., the undersigned, do agree I will file an Oklahoma Income Tax Return for the taxable year ending 12/31/2021. I will include, in Oklahoma adjusted gross income, my share of distributable taxable income or net operating loss of the corporation named below to the extent such income, gain or loss, is at the corporate level, derived from sources within Oklahoma. I further state I made and executed this agreement for the purpose of filing it with the following named corporation to be submitted with the Oklahoma Small Business Corporation Income Tax Return, Form 512-S, filed by the corporation for the taxable year indicated above.

Corporation Interstate Production Company

Street Address or Post Office Box 2901 Verona

City Mission Hills State KS ZIP 66208

Federal Employer Identification Number 43-1231307

Signature of Shareholder Executing Agreement \_\_\_\_\_  
Social Security Number or Federal Employer Identification Number 388-38-7434

Dated this 11th day of March, 2022.

**Corporation Please Note:**

This agreement must be filed with the original Small Business Corporation Income Tax Return, Form 512-S, for each nonresident shareholder. Otherwise, the corporation shall be taxed on that part of the corporation's net taxable income allocable to the shares of stock owned by the nonresident shareholder. Once the agreement has been signed, it is irrevocable for this taxable year. Rule 710:50-21-1.

An electing pass-through entity (PTE) is not required to file Form 512-SA because the nonresident shareholder will not be required to file an Oklahoma income tax return on the nonresident shareholder's share of distributable income of the PTE. 68 OS Sec. 2355.1P-1 through 2355.1P-4.

**Statement 1**  
**Form 512-S, Part IV, Line 3**  
**Deduct All Items Separately Allocated**

Oil and Gas Production.....	\$	156,344.
Total	\$	<u>156,344.</u>

**Statement 2**  
**Form 512-S, Part IV, Line 6**  
**Add Items Separately Allocated to Oklahoma**

Oil and Gas Production.....	\$	21,794.
Total	\$	<u>21,794.</u>

TAXPAYER'S COPY

FOR INFORMATIONAL PURPOSES ONLY  
FORM 500-B MUST BE FILED ELECTRONICALLY



State of Oklahoma

Information Return  
Report of Nonresident Member Income Tax Withheld

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/31/2021

FORM **500-B**  
Revised 2021

Part A: Pass-Through Entity Information	
Name of Pass-Through Entity: <b>Interstate Production Company</b>	
Type of Ownership: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	
Federal Identification Number: <b>43-1231307</b>	
Street Address: <b>2901 Verona</b>	
City	State ZIP
<b>Mission Hills, KS</b>	<b>66208</b>

Part B: Nonresident Member Information	
Name: <b>LAURENCE R. JONES, JR.</b>	
Type of Taxpayer: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	
Social Security Number or Federal Identification Number of Member: <b>388-38-7434</b>	
Street Address: <b>2901 VERONA</b>	
City	State ZIP
<b>MISSION HILLS, KS</b>	<b>66208</b>

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources: <b>19,244</b>	Oklahoma Income Tax Withheld: <b>1,497</b>

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

OKIA9001L 12/09/21

FOR INFORMATIONAL PURPOSES ONLY  
FORM 500-B MUST BE FILED ELECTRONICALLY



State of Oklahoma

Information Return  
Report of Nonresident Member Income Tax Withheld

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/31/2021

FORM **500-B**  
Revised 2021

Part A: Pass-Through Entity Information	
Name of Pass-Through Entity: <b>Interstate Production Company</b>	
Type of Ownership: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	
Federal Identification Number: <b>43-1231307</b>	
Street Address: <b>2901 Verona</b>	
City	State ZIP
<b>Mission Hills, KS</b>	<b>66208</b>

Part B: Nonresident Member Information	
Name: <b>LAURENCE R. JONES, JR.</b>	
Type of Taxpayer: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	
Social Security Number or Federal Identification Number of Member: <b>388-38-7434</b>	
Street Address: <b>2901 VERONA</b>	
City	State ZIP
<b>MISSION HILLS, KS</b>	<b>66208</b>

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources: <b>19,244</b>	Oklahoma Income Tax Withheld: <b>1,497</b>

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

OKIA9001L 12/09/21

Interstate Production Company

43-1231307

Prop Number	Property Description	Production Type	Gross Income	Production Tax	IDC*	Operating Expenses	Amortization/Depreciation	Section 179	* Allocated Overhead	Dry Hole Expense*	Other Expenses	Net Income
2	Oklahoma	Primary Oil	35,710	2,101		11,815						21,794
Totals: Trade or Business Income			35,710	2,101	0	11,815	0	0	0	0	0	21,794
Grand Totals			35,710	2,101	0	11,815	0	0	0	0	0	21,794

\* - Pass-through expenses included in net income only for calculation of net income limitation on the Federal Oil and Gas Allowable Depletion Report.

TAXPAYER'S  
COPY

Interstate Production Company

Prop Number	Property Description	Production Type	Gross % Depletion	Tentative % Depletion	Cost Depletion	Greater of % of Cost	% Depletion in Excess of Basis	Excess IDC
2 Oklahoma		Primary Oil	7,856	7,856		7,856	7,856	
Totals: Trade or Business Income			<u>7,856</u>	<u>7,856</u>	<u>0</u>	<u>7,856</u>	<u>7,856</u>	<u>0</u>
Grand Totals			<u><u>7,856</u></u>	<u><u>7,856</u></u>	<u><u>0</u></u>	<u><u>7,856</u></u>	<u><u>7,856</u></u>	<u><u>0</u></u>

TAXPAYER'S  
COPY

# Texas Franchise Tax No Tax Due Report

**Tcode** 13255 Annual

The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.

<b>Taxpayer number</b>	<b>Report year</b>	<b>Due date</b>
14312313076	2022	05/16/2022

<b>Taxpayer name</b> Interstate Production Company				<b>Secretary of State file number or Comptroller file number</b> 0056326900	
<b>Mailing address</b> 2901 Verona					
<b>City</b> Mission Hills	<b>State</b> KS	<b>Country</b> United States	<b>ZIP code plus 4</b> 66208	<b>Check box if the address has changed</b> <input type="checkbox"/>	
<b>Check box if this is a combined report</b> <input type="checkbox"/>				<b>NAICS code</b> 211120	
<b>Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.)</b> <input type="checkbox"/>			<b>Check box to request a Certificate of Account Status</b> <input type="checkbox"/>		
<b>Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution?</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

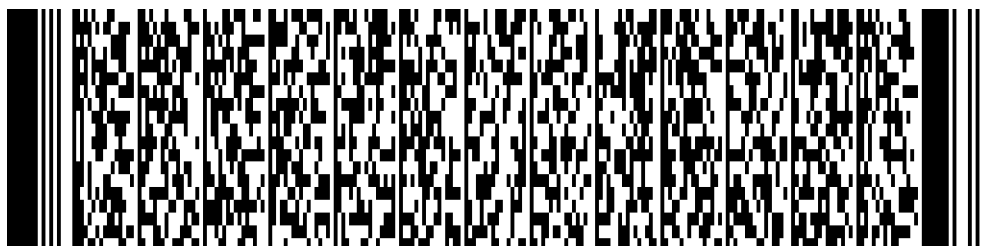
If any of the statements below are true, you qualify to file this No Tax Due Report (Check all boxes that apply.):

1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.) (Passive income does NOT include rent.) 1.
  2. This entity's annualized total revenue is below the no tax due threshold. 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 Texas Tax Code Sec. 171.0002(c)(4). 4.
  5. This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (Must be pre-qualified, see instructions) 5.
- 6a. Accounting year begin date m m d d y y 6a.  010121
- 6b. Accounting year end date m m d d y y 6b.  123121
7. TOTAL REVENUE (Whole dollars only) 7.  254221.00

<b>Print or type name</b> LAURENCE R. JONES, JR.		<b>Area code and phone number</b> (816) 474-9737	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		<b>Mail original to:</b> Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
<b>sign here</b> ▶	Date		

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**



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



# Texas Franchise Tax Public Information Report

*To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions*

**Tcode 13196**

Taxpayer number

Report year

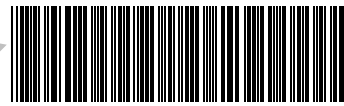
14312313076	2022
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**You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.**

Taxpayer name <b>Interstate Production Company</b>			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address <b>2901 Verona</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>Mission Hills</b>	State <b>KS</b>	ZIP code plus 4 <b>66208</b>	<b>0056326900</b>

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 <b>2901 Verona, Mission Hills, KS 66208</b>
Principal place of business <b>2901 Verona, Mission Hills, KS 66208</b>



*You must report officer, director, member, general partner and manager information as of the date you complete this report.*

**Please sign below! This report must be signed to satisfy franchise tax requirements.**

1431231307622

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
LAURENCE R. JONES, JR	President	<input type="checkbox"/> YES							
Mailing address 2901 VERONA		City MISSION HILLS	State KS	ZIP Code 66208					
LAURENCE R. JONES, III	Secretary	<input type="checkbox"/> YES							
Mailing address 2901 VERONA		City MISSION HILLS	State KS	ZIP Code 66208					
LAURENCE R. JONES, III	Treasurer	<input type="checkbox"/> YES							
Mailing address 2901 VERONA		City MISSION HILLS	State KS	ZIP Code 66208					

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file *(see instructions if you need to make changes)* *You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.*

Office:	City	State	ZIP Code
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title President	Date	Area code and phone number (816) 474-9737
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**Texas Comptroller Official Use Only**



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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**Texas Franchise Tax Public Information Report**  
To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

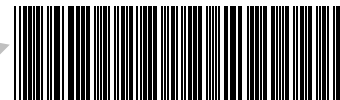
14312313076	2022
-------------	------

**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.**

Taxpayer name <b>Interstate Production Company</b>			<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address <b>2901 Verona</b>			Secretary of State (SOS) file number or Comptroller file number	
City <b>Mission Hills</b>	State <b>KS</b>	ZIP code plus 4 <b>66208</b>	<b>0056326900</b>	

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



You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below!** This report must be signed to satisfy franchise tax requirements.

1431231307622

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>WILLIAM A. GARRETT, III</b>	Title <b>Director</b>	Director <input type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address <b>36546 INNISBROOK CR</b>	City <b>PURCELVILLE</b>	State <b>VA</b>	ZIP Code <b>20132</b>
Name	Title	Director <input type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration <b>m m d d y y</b>
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes) *You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.*

Office:	City	State	ZIP Code
---------	------	-------	----------

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here ▶	Title <b>President</b>	Date	Area code and phone number <b>(816) 474-9737</b>
-------------	---------------------------	------	---

**Texas Comptroller Official Use Only**



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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FOR INFORMATIONAL PURPOSES ONLY  
FORM 500-B MUST BE FILED ELECTRONICALLY



State of Oklahoma

Information Return  
Report of Nonresident Member Income Tax Withheld

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/21

FORM **500-B**  
Revised 2021

Part A: Pass-Through Entity Information	Part B: Nonresident Member Information
Name of Pass-Through Entity: <b>Interstate Production Company</b>	Name: <b>LAURENCE R. JONES, JR.</b>
Type of Ownership: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	Type of Taxpayer: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____
Federal Identification Number: <b>43-1231307</b>	Social Security Number or Federal Identification Number of Member: <b>388-38-7434</b>
Street Address: <b>2901 Verona</b>	Street Address: <b>2901 VERONA</b>
City State ZIP <b>Mission Hills, KS 66208</b>	City State ZIP <b>MISSION HILLS, KS 66208</b>

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources: <b>19,244.</b>	Oklahoma Income Tax Withheld: <b>1,497.</b>

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

OKIA9001L 12/09/21

FOR INFORMATIONAL PURPOSES ONLY  
FORM 500-B MUST BE FILED ELECTRONICALLY



State of Oklahoma

Information Return  
Report of Nonresident Member Income Tax Withheld

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/21

FORM **500-B**  
Revised 2021

Part A: Pass-Through Entity Information	Part B: Nonresident Member Information
Name of Pass-Through Entity: <b>Interstate Production Company</b>	Name: <b>LAURENCE R. JONES, JR.</b>
Type of Ownership: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____	Type of Taxpayer: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____
Federal Identification Number: <b>43-1231307</b>	Social Security Number or Federal Identification Number of Member: <b>388-38-7434</b>
Street Address: <b>2901 Verona</b>	Street Address: <b>2901 VERONA</b>
City State ZIP <b>Mission Hills, KS 66208</b>	City State ZIP <b>MISSION HILLS, KS 66208</b>

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources: <b>19,244.</b>	Oklahoma Income Tax Withheld: <b>1,497.</b>

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

OKIA9001L 12/09/21

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

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TAXPAYER'S  
COPY

Secretary of State  
Corporations Division  
First Floor, Memorial Hall  
120 S.W. 10th Ave., Room 100  
Topeka, KS 66612-1594

**AR**  
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**KANSAS SECRETARY OF STATE  
For-Profit Corporation  
Annual Report**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@ks.gov  
sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**1 Business entity ID/file number**

This is not the Federal Employer ID Number (FEIN).

7195753

**2 Name of corporation**

Must match name on record with Kansas Secretary of State

Interstate Production Company

**3 Principal office address**

Must be a street or highway. A P.O. box is unacceptable.

Street Address

2901 Verona

City

State Zip

Country

Mission Hills, KS 66208

**4 Tax closing date**

Month Year  
12/2021

**5 State of incorporation**

TX

**6a Name, title, and address of each officer of corporation**

If additional space is needed, please provide attachment.

Do not leave blank.

Name

Title

See Statement 1

Address

City

State Zip

Country

Name

Title

Address

City

State Zip

Country

Name

Title

Address

City

State Zip

Country

**6b Name and address of each director of corporation**

If additional space is needed, please provide attachment.

Leave this question blank if the directors and officers are the same.

Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country
Name	Address		
City	State	Zip	Country

**7 Total number of shares of capital stock issued**

1,000.
--------

**8 What is the nature and kind of business in which corporation is engaged?**

OIL & GAS PRODUCTION

**9a Does this corporation hold more than 50% equity ownership in any other business entity that is filed with the Kansas Secretary of State?**

Yes (Complete Question 9b.)  No (Skip to Question 10.)

**9b Name and ID number of each business**

Name and ID # should be provided exactly as filed with Kansas Secretary of State.

Business Entity Name	Business Entity ID Number (Not FEIN)
Business Entity Name	Business Entity ID Number (Not FEIN)
Business Entity Name	Business Entity ID Number (Not FEIN)

**10 Does this corporation own or lease land in Kansas that is suitable for use in agriculture?**

This question does not apply to 1) tracts of land of fewer than 10 acres, 2) contiguous tracts of land that are fewer than 10 acres in aggregate, or 3) state-assessed railroad operating property.

Yes (Complete Attachment AG.)  No (Skip to Question 11.)

**11 I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

Signature of Authorized Officer

X

Name of Signer (printed or typed) Title/Position (Required) Phone Number (Not required)

Please note that information provided on documents filed with the Secretary of State is public record that is subject to public access and disclosure (per K.S.A. 45-215 through K.S.A. 45-223).

**Statement  
Annual Report, Line 7  
Officers**

Name, Title, and Address of Officers

---

LAURENCE R. JONES, JR      President  
2901 VERONA  
MISSION HILLS, KS 66208 USA

LAURENCE R. JONES, III      Secretary  
2901 VERONA  
MISSION HILLS, KS 66208 USA

LAURENCE R. JONES, III      Treasurer  
2901 VERONA  
MISSION HILLS, KS 66208 USA

WILLIAM A. GARRETT, III      Director  
36546 INNISBROOK CR  
PURCELVILLE, VA 20132 USA



**LOUISIANA**  
DEPARTMENT of REVENUE

**Corporation Tax Electronic  
Filing Payment Voucher**

Louisiana Department of Revenue  
P.O. Box 91011  
Baton Rouge, LA 70821-9011

**IMPORTANT NOTICE**

The voucher below must accompany payments made by corporation tax filers that have filed their corporation tax returns electronically and are not required to submit their payments through electronic funds transfer. In order to avoid the assessment of penalties and interest, the full amount due on the electronically filed return must be remitted to the Department on or before the 15th day of the fifth month following the close of the accounting period. Please provide the corporation's Louisiana Revenue Account Number and the filing period in the spaces provided on the voucher.

- **DO NOT SEND CASH**
- Complete and retain this portion as a record of payment
- You can make payments electronically at [www.revenue.louisiana.gov/latap](http://www.revenue.louisiana.gov/latap)
- Complete the voucher below. If you have a foreign address, enter the city name in the appropriate space. Follow the country's practice for entering the postal code and the name of the province, county, or state. Enter the foreign country name in the appropriate space. Don't abbreviate the country name.

Name <b>Interstate Production Company</b>	
Louisiana Revenue Account Number <b>6446686001</b>	Filing period (mm/yy) <b>12/21</b>

<b>Amount of Payment</b>	<b>1,342.</b>
<b>Check Number</b>	
<b>Date Sent</b>	

LACA9901L 10/15/21

**Detach and submit the voucher below with your payment. You MUST enter your LA Revenue Account number below.**

**Corporation Tax Electronic Filing Payment Voucher**

Name <b>Interstate Production Company</b>			Louisiana Revenue Account Number <b>6446686001</b>	
Address <b>2901 Verona</b>			Unit Type	Unit Number
City <b>Mission Hills</b>	State <b>KS</b>	ZIP <b>66208</b>	Filing period (mm/yy) <b>12/21</b>	
Foreign Nation, if not United States (do not abbreviate)			Amount enclosed ▶ \$ <b>1,342.</b>	

**C**

**DO NOT SEND CASH**

**Make payment to:**  
Louisiana Department of Revenue  
P.O. Box 91011  
Baton Rouge, LA 70821-9011

FOR OFFICE USE ONLY.				
Mail date				

1903



TAXPAYER'S  
COPY

CIFT-620ES-SD (2022)

1315

To ensure proper credit, please DO NOT fold or staple.

LACA0401L 01/13/21

**LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2022**

If year end differs from prior year, mark box.  For calendar year 2022 or fiscal year ending \_\_\_\_\_ month/year

**C**

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 04/15/22	Corporation Voucher 1
--	--	------------------------------	--------------------------

Name Interstate Production Company  
Address 2901 Verona  
City, State ZIP Mission Hills, KS 66208

Amount of Payment. **DO NOT SEND CASH.**

\$ 340.00

Mail this form with your payment to:

LA DEPT OF REVENUE  
PO BOX 91011  
BATON ROUGE LA 70821-9011

Mail date

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For office use only



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CIFT-620ES-SD (2022)

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LACA0402L 01/13/22

LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2022

If year end differs from prior year, mark box.  For calendar year 2022 or fiscal year ending \_\_\_\_\_ month/year

C

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 06/15/22	Corporation Voucher 2
--	--	------------------------------	--------------------------

Name Interstate Production Company  
Address 2901 Verona  
City, State ZIP Mission Hills, KS 66208

Amount of Payment. DO NOT SEND CASH.

\$ 340.00

Mail this form with your payment to:

LA DEPT OF REVENUE  
PO BOX 91011  
BATON ROUGE LA 70821-9011

Mail date

Grid for mail date

1917

For office use only



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TAXPAYER'S  
COPY

CIFT-620ES-SD (2022)

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LACA0403L 01/13/22

**LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2022**

If year end differs from prior year, mark box.  For calendar year 2022 or fiscal year ending \_\_\_\_\_ month/year

**C**

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 09/15/22	<b>Corporation Voucher 3</b>
--	--	------------------------------	----------------------------------

Name Interstate Production Company  
Address 2901 Verona  
City, State ZIP Mission Hills, KS 66208

Amount of Payment. **DO NOT SEND CASH.**

\$ 340.00

Mail this form with your payment to:

LA DEPT OF REVENUE  
PO BOX 91011  
BATON ROUGE LA 70821-9011

Mail date

--	--	--	--	--	--	--	--

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For office use only



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TAXPAYER'S COPY

CIFT-620ES-SD (2022)

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To ensure proper credit, please DO NOT fold or staple.

LACA0404L 01/13/22

LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2022

If year end differs from prior year, mark box.  For calendar year 2022 or fiscal year ending \_\_\_\_\_ month/year

C

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 12/15/22	Corporation Voucher 4
--	--	------------------------------	--------------------------

Name Interstate Production Company  
Address 2901 Verona  
City, State ZIP Mission Hills, KS 66208

Amount of Payment. DO NOT SEND CASH.

\$ 340.00

Mail this form with your payment to:

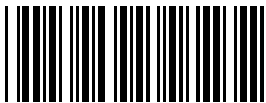
LA DEPT OF REVENUE  
PO BOX 91011  
BATON ROUGE LA 70821-9011

Mail date

Grid for mail date

1917

For office use only



19059 6446686001 200 12312022 00000000 6446686001 00000340000 7