



March 13, 2023

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Dear Larry:

Your 2022 Federal S Corporation Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-CORP, E-file Authorization for Corporations. No tax is payable with the filing of this return.

Your 2022 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 2022 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 2022 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, 2023 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 2022/2023 Louisiana Corporation Income and Franchise Tax Return will be electronically filed with the State of Louisiana upon receipt of a signed Form R-8453C. No tax is payable with the filing of this return. There is an overpayment of \$501, of which \$501 has been applied to your 2023 estimated income tax.

Your 2022 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.



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

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

Your 2023 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 2023 is listed below:

Due Date		Louisiana
4/18/23	\$	500
6/15/23		0
9/15/23		0
12/15/23		0
		-----
	\$	500

You must distribute a copy of the 2022 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,

Richard M. Washburn, CPA

**2022 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

**E-file Authorization for Corporations**

For calendar year 20 22, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

Name of corporation

Interstate Production Company

Employer identification number

43-1231307

**Part I Information** (Whole dollars only)

1	Total income (Form 1120, line 11).....	1	
2	Total income (Form 1120-F, Section II, line 11).....	2	
3	Total income (loss) (Form 1120-S, line 6).....	3	339,316.

**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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize WALSH WASHBURN, LLC to enter my PIN 94890 as my signature  
ERO firm name do not enter all zeros  
on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 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..... 48080107763  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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 Richard M. Washburn, CPA  Date 3/13/23

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

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.

2022

For calendar year 2022 or tax year beginning , 2022, ending , 2022, 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 (\$ 682,310), TYPE OR PRINT (Interstate Production Company, 2901 Verona, Mission Hills, KS 66208)

Section G-I: 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.

Table with 3 columns: Description, Line Number, Amount. Rows include: 1a Gross receipts or sales (339,316), 1b Returns and allowances, 1c Balance (339,316), 2 Cost of goods sold, 3 Gross profit (339,316), 4 Net gain (loss), 5 Other income (loss), 6 Total income (loss) (339,316), 7-21 Deductions (Total 160,391), 21 Ordinary business income (loss) (178,925)

Table with 3 columns: Description, Line Number, Amount. Rows include: 22a Excess net passive income or LIFO recapture tax, 22b Tax from Schedule D, 22c Add lines 22a and 22b, 23a 2022 estimated tax payments and 2021 overpayment credited to 2022, 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 2023 estimated tax (Refunded)

Sign Here section: Declaration of preparer, Signature of officer (Richard M. Washburn, CPA), Date (3/13/23), Title (President), May the IRS discuss this return with the preparer shown below? (Yes/No)

Paid Preparer Use Only section: Print/Type preparer's name (Richard M. Washburn, CPA), Preparer's signature (Richard M. Washburn, CPA), Date (3/13/23), Check self-employed (Yes/No), PTIN (P01040868), 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</b>	<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
<b>(i)</b> Name of Corporation	<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Country of Incorporation	<b>(iv)</b> Percentage of Stock Owned <b>(v)</b> 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
<b>(i)</b> Name of Entity	<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Type of Entity	<b>(iv)</b> Country of Organization <b>(v)</b> 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 . . . . . If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>			
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 \$27 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 <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).			
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? . . . . .		X
	If "Yes," enter the amount of principal reduction. . . . . \$ _____		
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 2022 that would require it to file Form(s) 1099? . . . . .	X	
	b If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
	If "Yes," enter the amount from Form 8996, line 15. . . . . \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21) . . . . .	1	178,925.
	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	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	339,316.
	e Oil, gas, and geothermal properties — deductions. . . . .	15e	112,757.
	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	2,169.
	e Repayment of loans from shareholders. . . . .	16e	
	f Foreign taxes paid or accrued. . . . .	16f	

<b>Schedule K</b>		<b>Shareholders' Pro Rata Share Items (continued)</b>	<b>Total amount</b>	
<b>Other Information</b>	<b>17a</b>	Investment income .....	<b>17a</b>	
	<b>b</b>	Investment expenses .....	<b>17b</b>	
	<b>c</b>	Dividend distributions paid from accumulated earnings and profits .....	<b>17c</b>	
	<b>d</b>	Other items and amounts (attach statement) <span style="float: right;">See Statement 2</span>		
<b>Reconciliation</b>	<b>18</b>	<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. ....	<b>18</b>	178,925.

<b>Schedule L</b>		<b>Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>		
<b>1</b>	Cash .....		333,595.		196,351.		
<b>2a</b>	Trade notes and accounts receivable .....						
<b>b</b>	Less allowance for bad debts .....	( )		( )			
<b>3</b>	Inventories .....						
<b>4</b>	U.S. government obligations .....						
<b>5</b>	Tax-exempt securities (see instructions) .....						
<b>6</b>	Other current assets (attach stmt) .....						
<b>7</b>	Loans to shareholders .....						
<b>8</b>	Mortgage and real estate loans .....						
<b>9</b>	Other investments (attach statement) <i>See St. 3</i> .....		485,959.		485,959.		
<b>10a</b>	Buildings and other depreciable assets .....	266,034.		266,034.			
<b>b</b>	Less accumulated depreciation .....	( 266,034.)		( 266,034.)			
<b>11a</b>	Depletable assets .....	412,462.		412,462.			
<b>b</b>	Less accumulated depletion .....	( 412,462.)		( 412,462.)			
<b>12</b>	Land (net of any amortization) .....						
<b>13a</b>	Intangible assets (amortizable only) .....						
<b>b</b>	Less accumulated amortization .....	( )		( )			
<b>14</b>	Other assets (attach stmt) .....						
<b>15</b>	<b>Total assets</b> .....		819,554.		682,310.		
<b>Liabilities and Shareholders' Equity</b>							
<b>16</b>	Accounts payable .....		301.		301.		
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year .....						
<b>18</b>	Other current liabilities (attach stmt) .....						
<b>19</b>	Loans from shareholders .....		442,000.		128,000.		
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more .....						
<b>21</b>	Other liabilities (attach statement) .....						
<b>22</b>	Capital stock .....		1,000.		1,000.		
<b>23</b>	Additional paid-in capital .....		883,316.		883,316.		
<b>24</b>	Retained earnings .....		-507,063.		-330,307.		
<b>25</b>	Adjustments to shareholders' equity (att stmt) .....						
<b>26</b>	Less cost of treasury stock .....	( )		( )			
<b>27</b>	<b>Total liabilities and shareholders' equity</b> .....		819,554.		682,310.		

**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 . . . . .	178,925.	<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 . . . . .	178,925.	<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4. . . .	178,925.

**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 . . . . .	326,106.			
<b>2</b> Ordinary income from page 1, line 21 . . . . .	178,925.			
<b>3</b> Other additions. . . . See Statement 4 . . . .	50,898.			
<b>4</b> Loss from page 1, line 21 . . . . .	( )			
<b>5</b> Other reductions. . . See Statement 5 . . . .	( 50,898.)			( )
<b>6</b> Combine lines 1 through 5 . . . . .	505,031.			
<b>7</b> Distributions . . . . .	2,169.			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	502,862.			

**Schedule K-1  
(Form 1120-S)**

Department of the Treasury  
Internal Revenue Service

**2022**

For calendar year 2022, or tax year

beginning  /  /  ending  /  /

Final K-1

Amended K-1

671121  
OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.**  
See separate instructions.

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
43-1231307

**B** Corporation's name, address, city, state, and ZIP code  
Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

**C** IRS Center where corporation filed return  
e-file

**D** Corporation's total number of shares  
Beginning of tax year ..... 1,000  
End of tax year ..... 1,000

**Part II Information About the Shareholder**

**E** Shareholder's identifying number  
388-38-7434

**F** Shareholder's name, address, city, state, and ZIP code  
LAURENCE R. JONES, JR.  
2901 VERONA  
MISSION HILLS, KS 66208

**G** Current year allocation percentage ..... 100 %

**H** Shareholder's number of shares  
Beginning of tax year ..... 1,000  
End of tax year ..... 1,000

**I** Loans from shareholder  
Beginning of tax year ..... \$ 442,000.  
End of tax year ..... \$ 128,000.

FOR IRS USE ONLY

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	178,925.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Schedule K-3 is attached if checked. <input type="checkbox"/>
<b>6</b>	Royalties	<b>15</b>	Alternative minimum tax (AMT) items
		D	339,316.
<b>7</b>	Net short-term capital gain (loss)	<b>E</b>	112,757.
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)	<b>16</b>	Items affecting shareholder basis
		D	2,169.
<b>10</b>	Other income (loss)		
		<b>17</b>	Other information
		AC	339,316.
<b>11</b>	Section 179 deduction	<b>R*</b>	STMT
<b>12</b>	Other deductions	<b>V*</b>	STMT
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

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

<b>S corporation's name:</b> Interstate Production Company	<b>S corporation's EIN:</b> 43-1231307
<b>Shareholder's name:</b> LAURENCE R. JONES, JR.	<b>Shareholder's identifying number:</b> 388-38-7434

<b>Shareholder's share of:</b>	Interstate Production Company		
	<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)	217,109.		
Rental income (loss) . . . . .			
Royalty income (loss) . . . . .			
Section 1231 gain (loss) . . . . .			
Other income (loss) . . . . .			
Section 179 deduction . . . . .			
Other deductions . . . . .			
<b>W-2 wages</b> . . . . .			
<b>UBIA of qualified property</b> . . . . .			
<b>Section 199A dividends</b>			

<b>Shareholder's share of:</b>			
	<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 . . . . .			
<b>W-2 wages</b> . . . . .			
<b>UBIA of qualified property</b> . . . . .			

**2022 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) ..... 339,316.

**EXPENSES:**

2. Production tax ..... 18,072.

3. Operating expenses ..... 94,685.

4. Depreciation .....

5. Allocated overhead .....

6. Other expenses .....

7. Total deductions allocable to oil and gas activities (Schedule K-1 Box 15, Code E) ..... 112,757.

8. Net income from oil and gas activities (line 1 minus line 7) ..... 226,559.

**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) .. 50,898.

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) ..... 50,898.

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) .. 50,898.

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) ..... 50,898.

**OTHER INFORMATION:**

20. Total percentage depletion in excess of basis ..... 50,898.

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.....		24,614.
Legal and Professional.....		19,100.
Office Expense .....		489.
Operating Expenses from Oil and Gas Activities.....		94,685.
Total	\$	<u>138,958.</u>

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

Gross Receipts for Section 448(c).....	\$	339,316.
--	----	----------

**Statement 3**  
**Form 1120S, Schedule L, Line 9**  
**Other Investments**

	<u>Beginning</u>	<u>Ending</u>
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.....	\$	50,898.
Total	\$	<u>50,898.</u>

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

Oil and Gas Depletion.....	\$	50,898.
Total	\$	<u>50,898.</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	66,104	1,322		18,446						46,336
1	Kansas	Primary Oil	91,950	1,038		25,658						65,254
4	Louisiana	Primary Oil	80,636	10,248		22,501						47,887
2	Oklahoma	Primary Oil	49,225	3,028		13,736						32,461
3	Texas	Primary Oil	51,401	2,436		14,344						34,621
Totals: Trade or Business Income			339,316	18,072	0	94,685	0	0	0	0	0	226,559
Grand Totals			339,316	18,072	0	94,685	0	0	0	0	0	226,559

\* - 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	9,916	9,916		9,916	9,916	
1	Kansas	Primary Oil	13,793	13,793		13,793	13,793	
4	Louisiana	Primary Oil	12,095	12,095		12,095	12,095	
2	Oklahoma	Primary Oil	7,384	7,384		7,384	7,384	
3	Texas	Primary Oil	7,710	7,710		7,710	7,710	
Totals: Trade or Business Income			<u>50,898</u>	<u>50,898</u>	<u>0</u>	<u>50,898</u>	<u>50,898</u>	<u>0</u>
Grand Totals			<u><u>50,898</u></u>	<u><u>50,898</u></u>	<u><u>0</u></u>	<u><u>50,898</u></u>	<u><u>50,898</u></u>	<u><u>0</u></u>



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

For calendar year 2022, 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) 728-7904</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	339,316.	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 2022 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>		Date		President Title
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**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>Richard M. Washburn, 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>P01040868</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.		

**2022 AR1100S**  
**ARKANSAS S CORPORATION**  
**INCOME TAX RETURN**



**S**

Software ID

LACERTE

Tax Year beginning  1/01/2022 and ending  12/31/2022  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 <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed	(See Instructions)		<b>Type of Corporation</b> Check only one box below	
NAICS Code ● 211120	Name <input type="checkbox"/> Check this box if name has changed from prior year ● Interstate Production Company			● 5 <input checked="" type="checkbox"/> Domestic (in state)	
Date of Incorporation ● 5/26/1981	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 2901 Verona			● 6 <input type="checkbox"/> Foreign (out of state)	
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:**  1 S Corporation operating only in Arkansas  3 Multistate S Corporation – Direct Accounting (Prior written approval required for Direct Accounting)  
 2 Multistate S Corporation – Apportionment  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	339,316.00	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	339,316.00	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	339,316.00	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	21,433.00	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	138,958.00	25	00
26	TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here)	26	160,391.00	26	00
27	NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)	27	178,925.00	27	34,857.00

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: (2022 estimated tax payments and amount applied from 2021 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 2023 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) 728-7904
Preparer's Signature Richard M. Washburn, CPA	Date	Preparer's FEIN/PTIN ● P01040868	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name Richard M. Washburn, 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	178,925	00
2	Add Adjustments: (Attach schedule)	2		00
3	Deduct Adjustments: (Attach schedule)	3		00
4	<b>TOTAL APPORTIONABLE INCOME:</b>	4	178,925	00

**B APPORTIONMENT FACTOR:**

		(A) Amounts in Arkansas		(B) Total Amounts		(C) Percentage (A)÷(B)	
1	Property used in the Production of Business Income:						
<b>a Tangible Assets used in Business and Inventories</b>							
1	Amount at the Beginning of Year	1	00	1	00	(Calculate to 6 places to the right of decimal. Fill in all spaces)	
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	999.999999	%
c	TOTAL PROPERTY: (Add Lines a4 and b)	c	00	c	00	(EXAMPLE)	
<b>2 Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:</b>							
a	TOTAL:	a	00	a	00		%
<b>3 Sales / Receipts:</b>							
a	Destination Shipped From Within Arkansas:	a	66,104	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	66,104	00	f	339,316	00
g	Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (If Sales Factor only, do not doubleweight).	g				19.481545	%
4	Sum of the Percentages: (Double Weighted: Add Column C, Lines 1c, 2a and 3g)	4				19.481545	%
*5	Percentage Attributable to Arkansas: Line 4		19.481545	%	Divided by	1	= 5 19.481545 %

\* 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 4 by Part B, Line 5)	1	34,857	00
2	Add: Direct Income Allocated to Arkansas: (Attach schedule)	2		00
3	<b>TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on page 1, line 27, Arkansas Column)</b>	3 •	34,857	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 5.9% 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 5.9% 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 22 and ending 12/31, 20 22

Software ID  
LACERTE

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1  <p align="center"><b>Return Type</b></p> <input checked="" type="checkbox"/> S-Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Pass-Through Entity Tax	<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>1a</b> Ordinary income (loss) <p align="right">34,857.</p>	<b>1b</b> Ordinary income (loss)																
	<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>8a</b> Net long-term capital gain (loss)	<b>8b</b> Net long-term capital gain (loss)																
	<b>9a</b> Unrecaptured Section 1250 gain	<b>9b</b> Unrecaptured Section 1250 gain																
<b>Part II Information About the Shareholder or Partner</b>	<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>14a</b> Other deductions *    Supp Info	<b>14b</b> Other deductions *																
	<b>15a</b> Credits	<b>15b</b> Credits																
	<b>16a</b> Items affecting shareholder basis	<b>16b</b> Items affecting shareholder basis																
	<b>17a</b> Other information *	<b>17b</b> Other information *																
	<b>18a</b> Tax-exempt income and nondeductible expenses	<b>18b</b> Tax-exempt income and nondeductible expenses																
	<b>19a</b> Distributions <p align="right">423.</p>	<b>19b</b> Distributions																
<b>20a</b> Arkansas withholding or other payments																		
<b>A</b> Identification Number 43-1231307  <b>B</b> Name, Address, City, State, Zip Code  Interstate Production Company 2901 Verona Mission Hills                      KS    66208																		
<b>C</b> Identification Number 388-38-7434  <b>D</b> Name, Address, City, State, Zip Code  LAURENCE R. JONES, JR. 2901 VERONA MISSION HILLS                      KS    66208																		
<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>F</b> Shareholder's Percentage of Stock Ownership for  Tax Year <u>100.00</u> %																		
<b>G</b> Partner's share of Profit, Loss, and Capital:  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Beginning</th> <th></th> <th align="center">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="center">%</td> <td> </td> <td align="center">%</td> </tr> <tr> <td>Loss</td> <td align="center">%</td> <td> </td> <td align="center">%</td> </tr> <tr> <td>Capital</td> <td align="center">%</td> <td> </td> <td align="center">%</td> </tr> </tbody> </table>		Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%		
	Beginning		Ending															
Profit	%		%															
Loss	%		%															
Capital	%		%															
<b>H</b> Arkansas Apportionment Percentage:  <u>19.48</u> %																		
* Attach statement with additional information																		

**Box 14  
Other Deductions**

	Arkansas
	<u>Distr. Share</u>
Total	<u><u>                    </u></u>

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

For the taxable year beginning 01012022 ending 12312022

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:

X 1 Activity wholly within Kansas or single entity apportionment method

05281981

I Tax credit schedules are enclosed?

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

E Date Business Discontinued in KS:

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

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:

L Are you filing Form K-40C?

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

TX 051981

M Have you submitted Form K-120EL?

N Are you electing to be subject to tax at the entity level?

Table with 2 columns: Description and Amount. Rows include Ordinary income from federal Sch. K (178925.00), Total of all other income from federal Sch. K (00), Total allowable deductions from federal Sch. K (00), Total federal income (178925.00), 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), Disallowed business meal expenses (00), Other subtractions from federal income (00), Total subtractions from federal income (00), Net income before apportionment (178925.00), Nonbusiness income - Total Company (00), Apportionable business income (178925.00), Average percent to Kansas (13.5493), Amount to Kansas (24243.00), Nonbusiness income - Kansas (00), Kansas Expensing Recapture (00), Kansas Expensing Deduction (00), Total Kansas income (24243.00), Kansas income not taxed as part of the election (24243.00), Kansas taxable income for electing pass-through entity before KNOLD (00).

Interstate Production Company

EIN 431231307

29	Kansas Net Operating Loss Deduction	00	39	Overpayment from original return. (This figure is a subtraction; see instr.)	00
30	Kansas taxable income for electing partners ( Subtract line 29 from line 28. Enter here and on Part IV, box 10)	00	40	Total prepaid credits. (Add lines 34-38, and subtract line 39.)	00
31	Electing pass-through entity income tax due (5.7% of line 30)	00	41	Balance Due. (If line 33 exceeds line 40, subtract line 40 from line 33 and enter result.)	00
32	Total Nonrefundable Credits pertaining to electing pass-through entity (enter amount from Part 1, line 30).	00	42	Interest.	00
33	Balance. (Subtract line 32 from line 31, cannot be less than zero.)	00	43	Penalty.	00
34	Estimated tax paid and amount credited forward (Sep. Sch.)	00	44	Total tax, interest, and penalty due (Add lines 41 - 43). Complete K-120V and enclose it with your payment.	00
35	Other tax payments (Sep. Sch.)	00	45	Overpayment. (If line 33 is less than line 40, subtract line 33 from line 40 and enter the result.)	00
36	Amount paid with Kansas extension.	00	46	Refund. Enter the amount of line 45 you wish to be refunded.	00
37	Payment remitted with original return. (See instructions.)	00	47	Credit Forward. Enter the amount of line 45 (original return only) you wish it to be applied to 2023 estimated tax. (line 47 cannot exceed the total of lines 34-36)	00
38	Refundable Credits. (Part 1, line 35)	00			

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) Richard M. Washburn, CPA Preparer Phone Number (913) 660-77 Preparer PTIN, EIN or SSN (Required) P01040868  
WALSH WASHBURN, LLC 5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK, KS 66211

Enclose a copy of pages 1 through 4 (page 4 if Partnership) of your federal return, Schedule M-1, Schedule M-2, and any federal schedules that support Kansas modifications. Also include an organizational chart showing all partnerships/S Corps and taxable entities. If additional information is needed, we will request it at a later date.

**PART I - NONREFUNDABLE CREDITS** (See instructions)

1 Aviation/Aerospace Credit (Enclose Sch. K-26) . . . . .	00
2 Housing Investor Tax Credit (Enclose Sch. K-27) . . . . .	00
3 Short Line Railroad Tax Credit (Enclose Sch. K-29) . . . . .	00
4 Center for Entrepreneurship Credit (Enclose Sch. K-31) . . . . .	00
5 Business and Job Development Credit - <b>for carry forward use only</b> (Enclose Sch. K-34) . . . . .	00
6 Historic Preservation Credit (Enclose Sch. K-35) . . . . .	00
7 Disabled Access Credit (Enclose Sch. K-37) . . . . .	00
8 Eisenhower Foundation Contribution Credit (Enclose Sch. K-43) . . . . .	00
9 Purchases from Qualified Vendor Credit (Enclose Sch. K-44) . . . . .	00
10 Friends of Cedar Crest Association Contribution Credit (Enclose Sch. K-46) . . . . .	00
11 Technology Enabled Fiduciary Financial Institutions Credit (Enclose Sch. K-48) . . . . .	00
<hr/>	
13 Venture Capital Credit - <b>for carryforward use only</b> (Enclose Sch. K-55) . . . . .	00
14 Seed Capital Credit - <b>for carryforward use only</b> (Enclose Sch. K-55) . . . . .	00
15 High Performance Incentive Program Credit (Enclose Sch. K-59) . . . . .	00
16 Community Service Contribution Credit (Enclose Sch. K-60) . . . . .	00
17 Targeted Employment Credit (Enclose Sch. K-69) . . . . .	00
18 Low Income Student Scholarship Credit (Enclose Sch. K-70) . . . . .	00
19 Law Enforcement Training Center Credit - <b>for carry forward use only</b> (Enclose Sch. K-72) . . . . .	00
20 Petroleum Refinery Credit - <b>for carry forward use only</b> (Enclose Sch. K-73) . . . . .	00
21 National Guard and Reserve Employer Credit (Enclose Sch. K-74) . . . . .	00
22 Single City Port Authority Credit (Enclose Sch. K-76) . . . . .	00
23 Qualifying Pipeline Credit - <b>for carry forward use only</b> (Enclose Sch. K-77) . . . . .	00
24 BioMass-to-Energy Credit - <b>for carry forward use only</b> (Enclose Sch. K-79) . . . . .	00
25 Storage and Blending Equipment Credit - <b>for carry forward use only</b> (Enclose Sch. K-82) . . . . .	00
26 Electric Cogeneration Facility Credit - <b>for carry forward use only</b> (Enclose Sch. K-83) . . . . .	00
27 Community College and Technical College Contribution Credit (Enclose Sch. K-84) . . . . .	00
28 Commercial Restoration and Preservation Credit (Enclose Sch. K-92) . . . . .	00
29 Farm Net Operating Loss (Enclose Sch. K-139F) . . . . .	00
<b>30 Total nonrefundable credits (Add lines 1 - 29. Enter total here and on line 32, page 2)</b> . . . . .	<b>00</b>

**REFUNDABLE CREDITS** (See instructions)

31 Child Day Care Assistance Credit (Enclose Sch. K-56) . . . . .	00
32 Community Service Contribution Credit (Enclose Sch. K-60) . . . . .	00
33 Individual Development Account Credit (Enclose Sch. K-68) . . . . .	00
34 Farm Net Operating Loss (Enclose Sch. K-139F) . . . . .	00
<b>35 Total refundable credits (Add lines 31 - 34. Enter total here and on line 38, page 2)</b> . . . . .	<b>00</b>

**PART II 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 III 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 12/14/22

(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, page 1.	(7) Partner's or shareholder's portion of total Kansas income. Multiply the percentage in column 4 by line 18, page 1.	(8) Partner's or shareholder's modification. See instructions. Enter result in Part A of Schedule S, Form K-40.
a 178925.	178925.	178925.	
b			
c			
d			
e			
f			
g			
h			
i			

**PART IV - PARTNERS OR SHAREHOLDERS DISTRIBUTION OF INCOME** (Electing to pay tax using the K-120S.)

This schedule is to be completed for individuals or fiduciary partners or shareholders that elected to pay tax on the Kansas Partnership or S Corporation Income form K-120S. If there are more than 6 partners or shareholders, you must complete the form below before going to a similar schedule and submit it with your return.

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

KSSZ0102L 11/15/22

(1) Name and address of partner or shareholder		Check box if nonresident <input type="checkbox"/>	(2) SSN or EIN	(3) Partner's percent of income and credits
(4) Kansas Taxable Income 00	(5) Total tax @ 5.7% 00	(6) Nonrefundable Credits 00		(7) Balance 00
(8) Refundable Credits 00	(9) Net Tax 00			

**TOTALS FOR PART IV INCLUDING ADDITIONAL SCHEDULES**

(10) Kansas Taxable Income 00	(11) Total tax @ 5.7% 00	(12) Nonrefundable Credits 00		(13) Balance 00
(14) Refundable Credits 00	(15) Net Tax 00			

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 1012022, ending 12312022

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

PART V - 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					
TOTAL PROPERTY (Enter on line 21A, page 2)				678496.	A 0.0000 %

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 2) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 2)			B 0.0000 %

Sales (Gross receipts, less returns and allowances)	WITHIN KANSAS	TOTAL COMPANY	
Sales		339316.	
1 Sales delivered or shipped to purchasers in Kansas:			
(a) Shipped from outside Kansas			
(b) Shipped from within Kansas	91950.		
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)			
TOTAL RECEIPTS (Enter on line 21C, Page 2)	91950.	339316.	C 27.0986 %

D1 Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula)	D1 27.0986%
D2 Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)	D2 %

E Average percent of either D(1) or D(2), whichever is applicable (Enter on line 21, page 2)	E 13.5493 %
--	-------------



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

<u>Description</u>	<u>Kansas Beginning</u>	<u>Kansas Ending</u>	<u>Total Company Beginning</u>	<u>Total Company Ending</u>
Depletion.....			0	412462
Total	\$ 0.	0.	412,462.	412,462.

1315

R-8453C (1/23)

**LOUISIANA**  
 DEPARTMENT of REVENUE

 Louisiana Department of Revenue  
 Corporation Income/Franchise Tax  
 Declaration for Electronic Filing

**2022**  
 LA8453-C

 Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).  
 For calendar year 2022, or tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_, 2023

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>859.</b>
<b>2</b>	Refund (Form CIFT-620, Line 30, column 3)	<b>2</b>	
<b>3</b>	Total amount due (Form CIFT-620, Line 25, column 3)	<b>3</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 2022 Income/2023 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 office 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>P01040868</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	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed)			FEIN
City		State	ZIP
			Phone Number

**Louisiana Department of Revenue**

Post Office Box 91011  
Baton Rouge, LA 70821-9011

**Mark box if:**

- Name change.
- Address change.
- Amended return.
- Amended due to IRS audit.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return
- Timely requested extension for federal income tax purposes.

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

6446686001

For office use only.

LA Corporation Income Tax Return for <b>2022</b>	LA Corporation Franchise Tax Return for <b>2023</b>
<b>Mark box if:</b>	
Calendar Year filer	<b>X</b>
Fiscal Year filer <i>(Enter dates below)</i>	
Short period return <i>(Enter dates below)</i>	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Began	Began
Ended	Ended

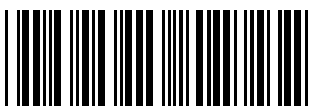
Legal Name <b>Interstate Production Company</b>		
Trade Name		
Mailing Address <b>2901 Verona</b>		
Unit Type	Unit Number	
City <b>Mission Hills</b>	State <b>KS</b>	ZIP <b>66208</b>
Foreign Nation, if not United States <i>(do not abbreviate)</i>		

A		431231307		<b>Computation of Income Tax - See instructions.</b>		
Federal Employer Identification Number				1A	Louisiana net income before loss adjustments	24776
B	Total business interest expense		0	1B	Subchapter S corporation exclusion	0
C	Total business interest expense deduction		0		Loss carryforward	
					\$ 321 .00	
D	Income tax apportionment percentage		23.76	1C	less federal tax refund applicable to loss	321
					\$ 0 .00	
E	Gross revenues		339316	1C1	Loss carryforward utilized	231
F	Total assets		682310	1D	Louisiana taxable income	24545
G	NAICS code		211120	2	Louisiana income tax	859
H	Enter the state abbreviation for location of the principal place of business.			3	Nonrefundable income tax credits from Schedule NRC-P1	0
I	Does the income of this corporation include the income of any disregarded entities?	Yes	No <b>X</b>	4	Income tax after priority 1 credits	859
J	Was the income of this corporation included in a consolidated federal income tax return?	Yes	No <b>X</b>	<b>Computation of Franchise Tax – See instructions.</b>		
K	If answered yes to J, enter FEIN of consolidated federal income tax return.			5A	Total capital stock, surplus, & undivided profits	554009
L	Do the books of the corporation contain intercompany debt?	Yes	No <b>X</b>	5B	Franchise tax apportionment percentage	11.88
M	Enter the code for the federal form filed.		2	5C	Franchise taxable base	65816
N	Enter the code for the type of entity.			6	Amount of assessed value of real and personal property in Louisiana in 2022	0
O	Pass-through Entity Tax Election			7	Louisiana franchise tax	0
				8	Nonrefundable franchise tax credits from Schedule NRC-P1	0
				9	Franchise tax after priority 1 credits	0

**IMPORTANT!**

All three (3) 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.**

LACA0101L 02/09/23



**FOR OFFICE USE ONLY**

Field Flag

DEV ID 1315

22341

Interstate Production Co

Net Amount Due						
		Col. 1 - Income tax	Col. 2 - Franchise tax		Col. 3 - Total	
<b>10</b>	Tax liability after priority 1 credits	<b>10</b> 859	<b>10</b>	0		
<b>11</b>	Refundable credits from Schedule RC-P2	<b>11</b> 0	<b>11</b>	0		
<b>12</b>	Tax liability after priority 2 credits	<b>12</b> 859	<b>12</b>	0		
<b>13</b>	Overpayment after priority 2 credits	<b>13</b> 0	<b>13</b>	0		
<b>14</b>	Nonrefundable credits from Schedule NRC-P3	<b>14</b> 0	<b>14</b>	0		
<b>15</b>	Tax liability after priority 3 credits	<b>15</b> 859	<b>15</b>	0	<b>15</b>	
<b>16A</b>	Overpayment after priority 2 credits	<b>16A</b> 0	<b>16A</b>	0		
<b>16B</b>	Refundable credits from Schedule RC-P4	<b>16B</b> 0	<b>16B</b>	0		
<b>16C</b>	Credit carryforward from prior year return	<b>16C</b> 0	<b>16C</b>	0		
<b>16D</b>	Estimated payments	<b>16D</b> 1360				
<b>16E</b>	Amount of extension payment	<b>16E</b> 0	<b>16E</b>	0		
<b>16F</b>	Total refundable credits and payments	<b>16F</b> 1360	<b>16F</b>	0		
<b>17</b>	Overpayment	<b>17</b> 501	<b>17</b>	0	<b>17</b>	501
<b>18</b>	Tax due	<b>18</b> 0	<b>18</b>	0		
<b>19</b>	Amount of Income tax overpayment applied to franchise tax		<b>19</b>	0		
<b>20</b>	Net Tax due		<b>20</b>	0		
<b>21</b>	Interest	<b>21</b> 0	<b>21</b>	0		
<b>22</b>	Delinquent filing penalty	<b>22</b> 0	<b>22</b>	0		
<b>23</b>	Delinquent payment penalty	<b>23</b> 0	<b>23</b>	0		
<b>24</b>	Additional donation to The Military Family Assistance Fund	<b>24</b> 0	<b>24</b>	0		
<b>25</b>	Total amount due	<b>25</b> 0	<b>25</b>	0	<b>25</b>	0

▼ 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.**



Interstate Production Co

Net Amount Due				
	Col. 1 - Income tax		Col. 2 - Franchise tax	Col. 3 - Total
<b>26</b> Net overpayment		<b>26</b>	0	501
<b>27</b> Amount of overpayment you want to donate to The Military Family Assistance Fund			<b>27</b>	0
<b>28</b> Amount of overpayment to be credited to 2023 income tax			<b>28</b>	501
<b>29</b> Amount of overpayment to be credited to 2024 franchise tax			<b>29</b>	0
<b>30</b> Amount of overpayment to be refunded			<b>30</b>	0

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 <b>President</b>	
Print Name of Officer		Telephone <b>816-728-7904</b>	Date (mm/dd/yyyy)

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

**IMPORTANT!**

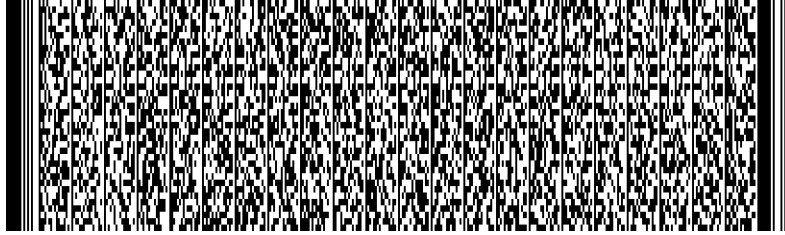
All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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

**201940035**

For Office  
Use Only.





**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.**



Interstate Production Company

All applicable schedules must be completed.

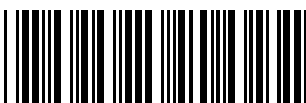
Schedule A – Required Information				
<p><b>1</b> At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?</p> <p>If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.</p>	Yes	<input type="checkbox"/>		
		1	FEIN	Percentage
		2		
		3		
		4		
		5		
<p><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?</p> <p>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.</p> <p>See Statement 2</p>	Yes	<input checked="" type="checkbox"/>		
		1	FEIN/SSN	Percentage
			388-38-7434	100.00
		2		
		3		
		5		
<p><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.</p>	Yes	<input type="checkbox"/>		
		1	FEIN	Percentage
		2		
		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	339,316.	80,636.	
<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.	339,316.	80,636.	__23.76%
<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			__23.76%
<b>6</b> Average of percents – Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			__23.76%



## 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	339,316	.00	<b>22</b> Other employee benefit plans		.00
<b>1B</b> Less returns and allowances		.00	<b>23</b> Other deductions – Attach schedule. See Statement 4	138,958	.00
<b>1C</b> Balance. Subtract Line 1B from Line 1A.	339,316	.00	<b>24</b> Total deductions – Add Lines 10 through 23.	235,041	.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.	104,275	.00
<b>3</b> Gross profit – Subtract Line 2 from Line 1C.	339,316	.00	<b>26</b> Allocable income from all sources :		
<b>4</b> Gross rents		.00	<b>26A</b> Net rents and royalties from immov- able 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.		.00	<b>26E</b> Other allocable income		.00
<b>9</b> Total income – Add Lines 3 through 8.	339,316	.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.	104,275	.00
<b>12</b> Repairs		.00	<b>28</b> Net income apportioned to Louisiana	24,776	.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 immov- able or corporeal movable property		.00
<b>15</b> Taxes and licenses – Attach schedule. See Statement 3	21,433	.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.	74,650	.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 – Add Line 28 and Line 29G.	24,776	.00



## Interstate Production Company

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

<b>1</b> Net income per books	128,027.	<b>6</b> Total – Add Lines 1 through 5c.	128,027.
<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 schedule		<b>a</b> Depreciation	
<b>5</b> Expenses recorded on books this year, but not deducted in this return:		<b>b</b> Depletion	23,752.
<b>a</b> Depreciation		<b>c</b> Other – Attach Schedule	
<b>b</b> Depletion		<b>9</b> Total – Add Lines 7 through 8c.	23,752.
<b>c</b> Other – Attach schedule.		<b>10</b> Net income from all sources per return – Subtract Line 9 from Line 6.	104,275.

**Schedule G – Liabilities and Capital from Balance Sheet**

<b>Liabilities and Capital</b>	<b>1 Beginning of year</b>	<b>2 End of year</b>
<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 5	442,000.	128,000.
<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	-507,063.	-330,307.
<b>12</b> Excessive reserves or undervalued assets		
<b>13 Totals – Add Lines 1 through 12.</b>	819,554.	682,310.



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>	128,027.
<b>a</b> Federal disallowed business interest expense (see instructions)	0.
<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 or Donation to Qualified Foster Care Organization Credit (see instructions).	
<b>d</b> Other additions – Attach schedule.	
<b>e</b> Total additions – Add Lines 2a through 2d.	
<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	23,752.
<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.	23,752.
<b>4</b> Louisiana net income from all sources – The amount should agree with Schedule D, Line 25.	104,275.



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.

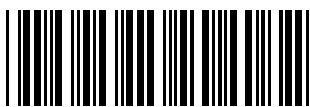
<b>Schedule G-1 Computation of Franchise Tax Base</b>	
<b>1</b> Capital Stock:	
<b>1A</b> Common Stock – Include paid-in or Capital Surplus	
<b>1B</b> Preferred Stock – Include paid-in or Capital Surplus	
<b>2</b> Total Capital stock – Add Lines 1A and 1B.	
<b>3</b> Surplus and undivided profits	
<b>4</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	-330,307.
<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 <input type="checkbox"/>	
<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>554,009.</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	196,351.	
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 6	485,959.	
7 Loans to stockholders		
8 Other intangible assets – Attach schedule		
9 Accumulated depreciation	( )	( )
10 Total intangible assets – Add Lines 1-9	682,310.	
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	682,310.	
21 Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		_____0%



## Interstate Production Co

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	339,316.	80,636.	
<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"/>	339,316.	80,636.	
<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			__23.76%
<b>4</b> Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			__11.88%



Interstate Production Company

Schedule J – Calculation of Income Tax			
1 Enter the amount of net taxable income from CIFT-620, Line 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			24,545.
2 Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a First \$50,000 of net taxable income	24,545.	x 3.5%=	859.
b Next \$100,000		x 5.5%=	
c Over \$150,000		x 7.5%=	
3 Add the amounts in Column 1, Lines 2a through 2c and enter the result.			24,545.
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.			859.

Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax			
1 Enter the amount of net taxable income from CIFT-620, Line 1D. 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 1.85%=	
b Next \$75,000		x 3.5%=	
c Over \$100,000		x 4.25%=	
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	Income Tax Amount	Franchise Tax Amount
1 Credit from prior year return				
2 First quarter estimated payment		4/15/22	340.	
3 Second quarter estimated payment		6/15/22	340.	
4 Third quarter estimated payment		9/15/22	340.	
5 Fourth quarter estimated payment		12/15/22	340.	
6 Amount of extension payment				

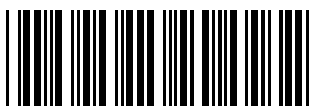


Interstate Production Company

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"/>	65,816.
2	Enter the amount of Line 1 or \$300,000, whichever is less.	65,816.
3	Subtract Line 2 from Line 1 and enter the result.	
4	Multiply the amount on Line 3 by \$2.75 for each \$1,000 or major fraction. 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	-507,063.	<b>b</b> Stock	
2	Net income per books	128,027.	<b>c</b> Property	
3	Other increases –Att. sch.		6 Other decreases – Attach schedule.	
4	Total – Add Lines 1, 2, and 3.	-379,036.	7 Total – Add Lines 5a through 6.	2,169.
5	Distributions: <b>a</b> Cash	2,169.	8 Balance at end of year – Subtract Line 7 from Line 4.	-330,307.

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



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	339,316.
	2	Cost of goods sold		2	
	3	Gross profit. Subtract line 2 from line 1		3	339,316.
	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	339,316.
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	21,433.
	18	Interest		18	
	19	Charitable contributions (10% limitation)		19	
	20	Depreciation		20	
	21	Depletion		21	50,898.
	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 7	26	138,958.
	27	<b>Total deductions.</b> Add lines 12 through 26	▶	27	211,289.
		28	<b>Corporate Taxable income.</b> Subtract line 27 from line 11		28

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

Carryover Generated From Year 12/31/20	\$	1,146.	
Amount Utilized in 12/2021		825.	
Total Utilization.....	\$	825.	
Federal Tax Refund Applicable to Loss.....	\$		0.
Available for Carryover to 2022.....	\$		321.
Total Net Operating Loss Carryforward.....	\$		321.

**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 15**  
**Taxes**

Corporate License.....	\$	3,361.	
Production Taxes (Oil & Gas).....		18,072.	
	Total \$		21,433.

**Statement 4**  
**Form CIFT-620, Computation of LA Net Income, Line 23**  
**Other Deductions**

Bank Charges.....	\$	70.	
Dues and Subscriptions.....		24,614.	
Legal and Professional.....		19,100.	
Office Expense.....		489.	
Operating Expense (Oil & Gas).....		94,685.	
	Total \$		138,958.

**Statement 5**  
**Form CIFT-620, Schedule G, Line 4**  
**Loans from Stockholders**

	<u>Beginning</u>	<u>Ending</u>
Loan from Shareholder.....	\$ 442,000.	\$ 128,000.
Total	<u>\$ 442,000.</u>	<u>\$ 128,000.</u>

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

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

**Statement 7**  
**Corporate Taxable Income Worksheet, Line 26**  
**Other Deductions**

Bank Charges.....	\$	70.
Dues and Subscriptions.....		24,614.
Legal and Professional.....		19,100.
Office Expense.....		489.
Operating Expense (Oil & Gas).....		94,685.
Total	\$	<u>138,958.</u>

## 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	51,401	2,436		14,344						34,621
1	Kansas	Primary Oil	91,950	1,038		25,658						65,254
2	Oklahoma	Primary Oil	49,225	3,028		13,736						32,461
4	Louisiana	Primary Oil	80,636	10,248		22,501						47,887
5	Arkansas	Primary Oil	66,104	1,322		18,446						46,336
Totals: Trade or Business Income			339,316	18,072	0	94,685	0	0	0	0	0	226,559
Grand Totals			339,316	18,072	0	94,685	0	0	0	0	0	226,559

\* - 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	11,308	11,308		11,308	11,308	
1	Kansas	Primary Oil	20,229	20,229		20,229	20,229	
2	Oklahoma	Primary Oil	10,830	10,830		10,830	10,830	
4	Louisiana	Primary Oil	17,740	17,740		17,740	17,740	
5	Arkansas	Primary Oil	14,543	14,543		14,543	14,543	
Totals: Trade or Business Income			<u>74,650</u>	<u>74,650</u>	<u>0</u>	<u>74,650</u>	<u>74,650</u>	<u>0</u>
Grand Totals			<u><u>74,650</u></u>	<u><u>74,650</u></u>	<u><u>0</u></u>	<u><u>74,650</u></u>	<u><u>74,650</u></u>	<u><u>0</u></u>



# Oklahoma Income Tax Declaration for Electronic Filing

(for Form 512, 512-S, 513, 513-NR or 514)

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

2022

FORM EF

For calendar year 2022 or tax year beginning	1/01	, 2022 and ending	12/31	, 20	22
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 23).....		00
	B	Refund or balance due ( Form 513, line 36 or 40).....		00
Form 513NR:	A	Taxable income of fiduciary (Form 513-NR, line 25).....		00
	B	Refund or balance due ( Form 513-NR, line 40 or 44).....		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 OTC of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: \_\_\_\_\_ President  
 Signature of Officer, Partner, Member or Fiduciary Date 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: Richard M. Washburn, CPA P01040868 (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  
 5360 COLLEGE BOULEVARD SUITE 100  
 Address and ZIP: OVERLAND PARK KS 66211

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

# Oklahoma Small Business Corporation Income and Franchise Tax Return

Form 512-S  
2022



FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY

For the year January 1 - December 31, 2022, or other taxable year beginning:  2022 ending:

Name of Corporation Interstate Production Company		Federal Employer Identification Number 43-1231307	Business Code Number 211120
Street Address 2901 Verona			
City Mission Hills	State or Province KS	Country <input type="text"/>	ZIP or Foreign Postal Code 66208
Date of Incorporation 5/26/1981	Under the Laws Of TEXAS	County in Which Located <input type="text"/>	Type of Business OIL & GAS PR

**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 14) 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 Credit from Form 578.

<b>1a</b>	Nonresident share of income from Page 8, Part 5, line 14	<input type="text"/>	0	00
<b>1b</b>	Nonresident share of Okla. capital gain deduction (provide Form (s) 561-S)	<input type="text"/>		00
<b>1c</b>	Nonresident share of deductions (see instructions)	<input type="text"/>		00
<b>1</b>	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.	<input type="checkbox"/>	<input type="text"/>	00

Complete line 2a -or- lines 2b and 2c

<b>2a</b>	Nonresident Oklahoma tax (4.75% of line 1)	<input type="text"/>		00
<b>2b</b>	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23)	<input type="text"/>		00
<b>2c</b>	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23)	<input type="text"/>		00
<b>2</b>	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 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box).	<input type="text"/>	<input type="text"/>	0 00
<b>3</b>	Other Credits Form (see instructions) (provide Form 511-CR)	<input type="text"/>		00
<b>4</b>	Balance of tax due (line 2 minus line 3, but not less than zero)	<input type="text"/>		0 00



Name Shown on Form 512-S:  
**Interstate Production Company**

FEIN:  
**43-1231307**

**PART ONE, SECTION ONE: INCOME TAX**

Amount from line 4 on page 1 00

5	2022 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 ( <b>provide</b> Form 1099, 500-A, 500-B or other withholding statement) .....	7	00	
8	Refundable Credit from Form 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	000	<b>Overpayment</b>
13	Tax Due (line 4 minus line 11) .....	13	00	<b>Income Tax Due</b>
14	Donation: Public School Classroom Support Fund .....	14	00	
15	Underpayment of estimated tax interest .....	15	00	Annualized <input type="checkbox"/>
16	<b>For delinquent payment</b> add penalty of 5% .....	16	00	plus
	interest of 1.25% per month .....	16	00	
17	Total tax, penalty and interest (add lines 13 - 16) .....	17	000	<b>Income Tax Balance Due</b>

**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 10, 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 .....	24	00	<b>Franchise Tax Overpayment</b>
25	Total Due .....	25	00	<b>Franchise Tax Balance</b>



Name Shown on Form 512-S:  
**Interstate Production Company**

FEIN:  
**43-1231307**

**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.

<b>Balance Due</b>			
26	Total Balance Due.....	Balance Due	26 <input type="text"/> 00
<b>Overpayment</b>			
27	Total Overpayment.....		27 <input type="text"/> 00
28	Amount of line 27 to be credited to 2023 estimated income tax (original return only).....		28 <input type="text"/> 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.....	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	29 <input type="text"/> 00
30	Total (add lines 28 and 29).....		30 <input type="text"/> 00
31	Amount of line 27 to be refunded to you (line 27 minus line 30).....	Refund	31 <input type="text"/> 00

<p><b>Direct Deposit Note:</b> →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 18 of the 512-S Packet for details.</p>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Deposit my refund in my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Routing Number: <input type="text"/>
	Account Number: <input type="text"/>

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

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.

Signature of Officer		Date		Signature of Preparer		Date	
Printed Name of Officer		Officer Email Address		Richard M. Washburn, CPA			
Title		Phone Number		Printed Name of Preparer		Preparer Email Address	
President		(816) 728-7904		Richard M. Washburn,		rickw@walshwashburn.co	
				Phone Number		Preparer's PTIN	
				(913) 660-7710		P01040868	

**This form is due 30 days after the due date of the Federal Return.**  
**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 – MUST BE FILED ELECTRONICALLY**

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	a Gross receipts or sales. . . . . \$ <u>49,225.</u>		
	b Minus returns and allowances. . . . . \$ _____	339,316 00	1
2	Cost of goods sold and/or operations. . . . .	00	2
3	Gross profit (subtract line 2 from line 1). . . . .	339,316 00	3
4	Net gain (loss) (Form 4797 Part II, line 17). . . . .	00	4
5	Other income (loss) (provide schedule). . . . .	00	5
6	<b>Total income</b> (loss) (add lines 3 through 5). . . . .	339,316 00	6
7	Compensation of officers. . . . .	00	7
8	Salaries and wages. . . . .	00	8
9	Repairs and maintenance. . . . .	00	9
10	Bad debts. . . . .	00	10
11	Rent. . . . .	00	11
12	Taxes and licenses. . . . .	21,433 00	12
13	Interest. . . . .	00	13
14	Depreciation. . . . .	00	14
15	Depletion (do not deduct oil and gas depletion). . . . .	00	15
16	Advertising. . . . .	00	16
17	Pension, profit-sharing, etc. plans. . . . .	00	17
18	Employee benefit programs. . . . .	00	18
19	Other deductions (provide schedule). . . . .	138,958 00	19
20	<b>Total deductions</b> (add lines 7 through 19). . . . .	160,391 00	20
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. . . . .	178,925 00	21



Name Shown on Form 512-S:  
 Interstate Production Company

FEIN:  
 43-1231307

**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 Part 2, line 21).....	178,925.00	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		
	a: Interest on loans, notes, mortgages, bonds, etc.....	00	4a 00
	b: Interest on obligations of a state or political subdivision.....		4b 00
	c: Interest on obligations of the United States.....	00	4c 00
	d: 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).....	178,925.00	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).....	178,925.00	18 29,006.00
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If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 8 of packet.



**FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY**

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**

<b>1</b>	Net distributable income from Page 5, Part 3, Column A, line 18 .....		1	178,925.
<b>2</b>	Add: <b>a</b> Taxes based on income.....	2a		
	<b>b</b> Unallowable deduction ( <b>provide</b> schedule) .....	2b		
	<b>c</b> Other income ( <b>provide</b> schedule) .....	2c		
	<b>d</b> Total of lines 2a through 2c.....	2d		
<b>3</b>	Deduct all items separately allocated:			
	<b>a</b> Interest on obligations of the United States.....	3a		
	<b>b</b> <u>See Statement 1</u> .....	3b		
	<b>c</b> _____ .....	3c	226,559.	
	<b>d</b> Total of lines 3a through 3c.....	3d		226,559.
<small>(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)</small>				
<b>4</b>	Net apportionable income (line 1 plus line 2d, minus line 3d).....		4	-47,634.
<b>5</b>	Oklahoma's portion thereof <u>7.2535</u> %.....		5	-3,455.
<b>6</b>	Add items separately allocated to Oklahoma:			
	<b>a</b> <u>See Statement 2</u> .....	6a		
	<b>b</b> _____ .....	6b		
	<b>c</b> _____ .....	6c		
	<b>d</b> _____ .....	6d	32,461.	
	<b>e</b> Total of lines 6a through 6d.....	6e		32,461.
<b>7</b>	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 5, Part 3, Column B, line 18) ..		7	29,006.



**FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY**

Name Shown on Form 512-S:  
Interstate Production Company

FEIN:  
43-1231307

**APPORTIONMENT FORMULA**

		Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
<b>1</b>	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).			
	<b>a</b> Owned property (at original cost):			
	<b>(i)</b> Inventories ..... <b>1ai</b>			
	<b>(ii)</b> Depreciable property ..... <b>1aii</b>		678,496.	
	<b>(iii)</b> Land ..... <b>1aiii</b>			
	<b>(iv)</b> Total of section "a" ..... <b>1aiv</b>		678,496.	
	<b>b</b> Rented property (capitalize at 8 times net rental paid) ... <b>1b</b>			
	<b>c</b> Total of sections "a" and "b" above ..... <b>1c</b>	\$	\$ 678,496.	1c <input type="text"/> %
<b>2</b>	<b>a</b> Payroll ..... <b>2a</b>			
	<b>b</b> Less: Officer salaries ..... <b>2b</b>			
	<b>c</b> Total (subtract officer salaries from payroll) ..... <b>2c</b>	\$	\$	2c <input type="text"/> %
<b>3</b>	Sales:			
	<b>a</b> Sales delivered or shipped to Oklahoma purchasers:			
	<b>(i)</b> Shipped from outside Oklahoma ..... <b>3ai</b>			
	<b>(ii)</b> Shipped from within Oklahoma ..... <b>3aii</b>	49,225.		
	<b>b</b> Sales shipped from Oklahoma to:			
	<b>(i)</b> The United States Government ..... <b>3bi</b>			
	<b>(ii)</b> Purchasers in a state or country where the corporation is not taxable (e.g. under Public Law 86-272) <b>3bii</b>			
	<b>c</b> Total all of sections "a" and "b" ..... <b>3c</b>	\$ 49,225.	\$ 339,316.	3c 14.5071 %
<b>4</b>	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: <u>Revenue</u>			
<b>5</b>	Total percent (sum of items 1c, 2c and 3c) .....			14.5071 %
<b>6</b>	Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 5) .....			7.2535 %

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

**FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY**



Name Shown on Form 512-S: <b>Interstate Production Company</b>	FEIN: <b>43-1231307</b>
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**PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME**

Enter the information for each shareholder. If there are more than 2 shareholders, use Form 512-S-SUP to enter the additional shareholders. Use as many Forms 512-S-SUP as needed.

		Shareholder 1	Shareholder 2
<b>1</b>	Name and Address of Each Shareholder Name:	LAURENCE R. JONES, JR.	
	Address:	2901 VERONA	
	City, State, ZIP:	MISSION HILLS, KS 6620	
<b>2</b>	SSN or FEIN	388-38-7434	
<b>3</b>	Ownership Percentage	100	
<b>4</b>	Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	178,925.	
<b>5</b>	Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)	29,006.	
<b>6</b>	Oil and Gas Depletion (Federal)	50,898.	
<b>7</b>	Oil and Gas Depletion (Oklahoma)	10,830.	
<b>8</b>	Amount of Credit		
<b>9</b>	Type of Credit		
<b>10</b>	Amount of Withholding	See OK Shareholder	Return Information
<b>11</b>	Type of Withholding	See OK Shareholder	Return Information

**NONRESIDENT SHAREHOLDER** (IF THE ELECTING PTE BOX IS CHECKED ON PAGE 1, LEAVE LINES 12-14 BLANK AND COMPLETE FORM 587-PTE)

<b>12</b> Is a signed Form 512-SA provided? If nonresident agreement (Form 512-SA) is NOT provided, the S Corporation will be taxed on the income reported in line 13.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

<b>13</b> Nonresident Share of Income to Tax if line 12 is NO (enter the distributable Oklahoma income from line 5)	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
---	---	---

**TOTAL: NONRESIDENT SHARE OF INCOME TO TAX**

<b>14</b> Add amounts shown in line 13 above for all Shareholders, and if applicable, from Form 512-S-SUP. Enter here and on Page 1, Part 1, line 1a ..... \$	<input style="width:100%" type="text" value="0."/>
---	--

**\*\*NOTE:** The amount shown in Part 3, Column B, line 18, Oklahoma net distributable income, may not be the amount to be entered on the shareholder's Oklahoma income tax return. This amount includes all allowable shareholder's income, losses, and deductions. Some of these items may be limited on the Federal return. If these items are allowed in full or part on your Federal income tax return, they will be allowed to the same extent on your Oklahoma return.

**Notice:** Forms required to compute withholding and credits must be provided with corporate return. Examples of these include: Form 1099 MISC, Form 500A: Nonresident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

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



**FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY**

Name Shown on Form 512-S:  
Interstate Production Company

FEIN:  
43-1231307

**PART 6: ADDITIONAL INFORMATION**

**Location of Principal Accounting Records**

2901 Verona Mission Hills KS 66208  
Address City State Zip

Has the Internal Revenue Service redetermined your tax liability for prior years?  Yes  No What years? \_\_\_\_\_

Did you file amended returns for the years stated above?  Yes  No  N/A

Has the statute of limitations been extended by consent for any prior years?  Yes  No What years? \_\_\_\_\_

Business name: \_\_\_\_\_ Date business began in Oklahoma: 5/28/1981

Principal location(s) in Oklahoma: \_\_\_\_\_



# Nonresident Shareholder Agreement

FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY

FORM **512-SA** 2022

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

I, LAURENCE R. JONES, JR., the undersigned, do agree I will file an Oklahoma Income Tax Return for the taxable year ending 12/31/2022. 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

388-38-7434  
Social Security Number or  
Federal Employer Identification Number

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

### 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.....	\$	226,559.
Total	\$	<u>226,559.</u>

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

Oil and Gas Production.....	\$	32,461.
Total	\$	<u>32,461.</u>

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 12/31/2022

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>29,006</b>	Oklahoma Income Tax Withheld: <b>1,378</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 12/31/2022

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>29,006</b>	Oklahoma Income Tax Withheld: <b>1,378</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	49,225	3,028		13,736						32,461
Totals: Trade or Business Income			49,225	3,028	0	13,736	0	0	0	0	0	32,461
Grand Totals			49,225	3,028	0	13,736	0	0	0	0	0	32,461

\* - 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

<u>Prop Number</u>	<u>Property Description</u>	<u>Production Type</u>	<u>Gross % Depletion</u>	<u>Tentative % Depletion</u>	<u>Cost Depletion</u>	<u>Greater of % of Cost</u>	<u>% Depletion in Excess of Basis</u>	<u>Excess IDC</u>
2 Oklahoma		Primary Oil	10,830	10,830		10,830	10,830	
Totals: Trade or Business Income			<u>10,830</u>	<u>10,830</u>	<u>0</u>	<u>10,830</u>	<u>10,830</u>	<u>0</u>
Grand Totals			<u><u>10,830</u></u>	<u><u>10,830</u></u>	<u><u>0</u></u>	<u><u>10,830</u></u>	<u><u>10,830</u></u>	<u><u>0</u></u>

# 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	2023	05/15/2023

<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					

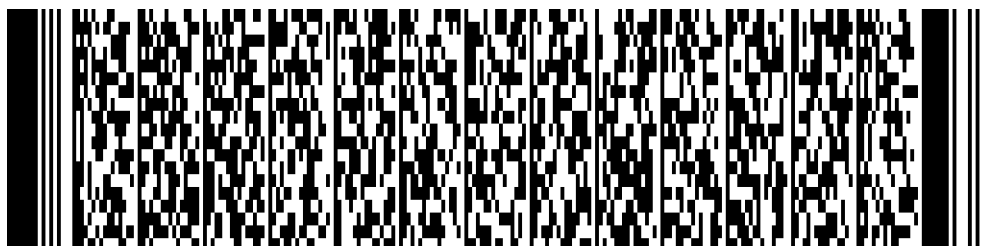
If any of the statements below are true, you qualify to file this No Tax Due Report (Check all boxes that apply.):

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.
- 6b. Accounting year end date m m d d y y  
6b.
7. TOTAL REVENUE (Whole dollars only) 7.

<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>	<b>Date</b>		

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



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

<b>■ Taxpayer number</b> 14312313076	<b>■ Report year</b> 2023
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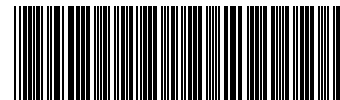
**You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.**

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

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 2901 Verona, Mission Hills, KS 66208
Principal place of business 2901 Verona, Mission Hills, KS 66208

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



1431231307623

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

**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.

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

**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

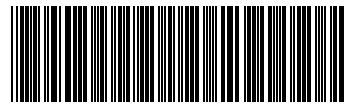
14312313076	2023
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**You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.**

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
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.**

1431231307623

**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
WILLIAM A. GARRETT, III	Director	<input type="checkbox"/> YES							
Mailing address 36546 INNISBROOK CR		City PURCELVILLE	State VA	ZIP Code 20132					
		<input type="checkbox"/> YES							
Mailing address		City	State	ZIP Code					
		<input type="checkbox"/> YES							
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

**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 President	Date	Area code and phone number (816) 474-9737
-------------	--------------------	------	--

**Texas Comptroller Official Use Only**



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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**Kansas Shareholder  
Summary (Form  
K-120S)**

**Shareholder Summary of Income, Modifications, Credits,  
etc.**

**2022**

For the calendar year 2022 or tax year  
beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

**Shareholder's Identifying Number:** 388-38-7434

**Corporation's Identifying Number:** 43-1231307

Shareholder's Name, Address and Zip Code:

Corporation's Name, Address and Zip Code:

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

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Shareholder's percentage of stock ownership for tax year..... 100 %

	(a) Pro rata share of items	(b) Amount
Additions and Subtractions to Federal Income	1. Federal ordinary income.....	178,925.
	2. State and municipal interest.....	2
	3. Taxes measured on income.....	3
	4. 250 deduction related to Global Intangible Low-Taxed Income (GILTI).....	4
	5. Business interest expense carryforward deduction.....	5
	6. Other additions to federal income.....	6
	7. Interest on obligations of the United States.....	7
	8. Section 78 and 80% foreign dividends.....	8
	9. Global Intangible Low-Taxed Income (GILTI).....	9
	10. Disallowed business interest deduction.....	10
	11. Contribution to capital exceptions.....	11
	12. Disallowed business meal expenses.....	12
	13. Other subtractions from federal income.....	13
Credits	14. Kansas business and job development credit	
	a. Retail or Service.....	14a
	b. Manufacturer/Nonmanufacturer.....	14b
	15. Kansas disabled access credit.....	15
	16. Kansas research and development credit.....	16
	17. Kansas high performance incentive program credits	
	a. Training and education credit.....	17a
	b. Investment credit.....	17b
18. Kansas community service contribution credit.....	18	
19. Other credits.....		

20. Supplemental Shareholder Information:



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 12/22

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>29,006.</b>	Oklahoma Income Tax Withheld: <b>1,378.</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 12/22

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>29,006.</b>	Oklahoma Income Tax Withheld: <b>1,378.</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

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

**AR**  
50

**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

12/2022

**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

CIFT-620ES-SD (2023)

1315

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

LACA0401L 11/16/22

# LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2023

If year end differs from prior year, mark box.  For calendar year 2023 or fiscal year ending \_\_\_\_\_ month/year

# C

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 04/15/23	<b>Corporation Voucher 1</b>
--	--	------------------------------	----------------------------------

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

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

\$ 500.00



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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1917

For office use only

19059 6446686001 200 12312023 00000000 6446686001 00000500009 4

CIFT-620ES-SD (2023)

1315

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

LACA0402L 11/16/22

# LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2023

If year end differs from prior year, mark box  For calendar year 2023 or fiscal year ending \_\_\_\_\_ month/year

# C

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 06/15/23	Corporation Voucher 2
--	--	------------------------------	--------------------------

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

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

\$ 0.00



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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1917

For office use only

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CIFT-620ES-SD (2023)

1315

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

LACA0403L 11/16/22

# LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2023

# C

If year end differs from prior year, mark box  For calendar year 2023 or fiscal year ending \_\_\_\_\_ month/year

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 09/15/23	Corporation Voucher 3
--	--	------------------------------	--------------------------

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

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

\$ 0.00



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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1917

For office use only

19059 6446686001 200 12312023 00000000 6446686001 000000000000 8

CIFT-620ES-SD (2023)

1315

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

LACA0404L 11/16/22

# LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR CORPORATIONS - 2023

# C

If year end differs from prior year, mark box.  For calendar year 2023 or fiscal year ending \_\_\_\_\_ month/year

Louisiana Revenue Account Number 6446686001	Federal Employer Identification Number 43-1231307	Payment due date 12/15/23	Corporation Voucher 4
--	--	------------------------------	--------------------------

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

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

\$ 0.00

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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1917

For office use only



19059 6446686001 200 12312023 00000000 6446686001 00000000000 7