



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

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

March 9, 2024

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Dear Interstate Production Company:

Your 2023 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 2023 Arkansas Pass-Through Entity Tax Return will be electronically filed with the State of Arkansas upon receipt of a signed Form AR8453-PET. There is a balance of \$14 payable by April 15, 2024.

Mail Form AR1100PTV, Pass-Through Entity Tax Return Payment Voucher, on or before April 15, 2024 and make check payable to:

DEPARTMENT OF FINANCE AND ADMINISTRATION  
PASS-THROUGH ENTITY TAX  
P.O. BOX 919  
LITTLE ROCK, AR 72203-919

Your 2023 Kansas S Corporation Income Tax Return will be electronically filed with the State of Kansas. There is a balance of \$115 payable by April 15, 2024. Complete Form K-120V, Corporate Income Tax Voucher, and enclose it with your return and payment. Mail the payment on or before April 15, 2024 and make check payable to:

KANSAS S CORPORATION TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 750260  
TOPEKA, KANSAS 66699-0260

Your 2023/2024 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 \$488, of which \$488 has been applied to your 2024 estimated income tax.



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Your 2023 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. There is a balance of \$173. Mail the Form EF-V on or before April 15, 2024, make the check payable to:

OKLAHOMA TAX COMMISSION  
POST OFFICE BOX 26890  
OKLAHOMA CITY, OK 73126-0890

No tax is payable with the filing of this return.

You must distribute a copy of the 2023 Schedule K-1 to each shareholder. Be sure to give each shareholder a copy of the Shareholder's Instructions for Schedule K-1 (Form 11208).

Please call if you have any questions.

Sincerely,

Richard M. Washburn, CPA

**E-file Authorization for Corporations**

For calendar year 20 23, 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	232,676.

**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 25721 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. .... 48080112345  
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 3/11/24

**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.

2023

For calendar year 2023 or tax year beginning 2023, 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 (see instructions) (\$ 665,068).

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. [ ] Yes [X] 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 who were shareholders during any part of the tax year. 1
J Check if corporation: (1) [ ] Aggregated activities for section 465 at-risk purposes (2) [ ] Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

INCOME section table with rows 1a through 6. 1a Gross receipts or sales 232,676. 1c Balance 232,676. 2 Cost of goods sold. 3 Gross profit. 4 Net gain (loss). 5 Other income (loss). 6 Total income (loss) 232,676.

DEDUCTIONS section table with rows 7 through 22. 7 Compensation of officers. 8 Salaries and wages. 9 Repairs and maintenance. 10 Bad debts. 11 Rents. 12 Taxes and licenses 10,720. 13 Interest. 14 Depreciation. 15 Depletion. 16 Advertising. 17 Pension. 18 Employee benefit programs. 19 Energy efficient commercial buildings deduction. 20 Other deductions See Statement 1. 21 Total deductions 230,655. 22 Ordinary business income (loss) 2,021.

TAX AND PAYMENTS section table with rows 23a through 28. 23a Excess net passive income or LIFO recapture tax. 23b Tax from Schedule D. 23c Add lines 23a and 23b. 24a Current year's estimated tax payments. 24b Tax deposited with Form 7004. 24c Credit for federal tax paid on fuels. 24d Elective payment election amount. 24z Add lines 24a through 24d. 25 Estimated tax penalty. 26 Amount owed 0. 27 Overpayment. 28 Enter amount from line 27: Credited to 2024 estimated tax Refunded.

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

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

Paid Preparer Use Only section: Print/Type preparer's name (Richard M. Washburn, CPA), Preparer's signature (Richard M. Washburn, CPA), Date (3/11/24), Check self-employed, 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 Other Information</b> (see instructions)	Yes	No		
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____				
2 See the instructions and enter the: a Business activity <u>OIL &amp; GAS PRODUCTION</u> b Product or service <u>OIL &amp; GAS</u>				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . . . .		X		
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. . . . .		X		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. . . . .				X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . . If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of restricted stock . . . . .				
(ii) Total shares of non-restricted stock . . . . .				
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . . If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of stock outstanding at the end of the tax year . . . . .				
(ii) Total shares of stock outstanding if all instruments were executed . . . . .				
6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .				X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . . . \$ _____				
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .				X
10 Does the corporation satisfy one or more of the following? See instructions . . . . .				X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 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.				

<b>Schedule B</b>	<b>Other Information</b> (see instructions) <i>(continued)</i>	Yes	No
<b>12</b>	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?..... If "Yes," enter the amount of principal reduction. .... \$ _____		X
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions. ....		X
<b>14a</b>	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?.....	X	
<b>b</b>	If "Yes," did or will the corporation file required Form(s) 1099?.....	X	
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?..... If "Yes," enter the amount from Form 8996, line 15. .... \$ _____		X
<b>16</b>	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions....		X

<b>Schedule K</b>	<b>Shareholders' Pro Rata Share Items</b>	<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22).....	<b>1</b>	2,021.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825).....	<b>2</b>	
	<b>3a</b> Other gross rental income (loss).....	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement).....	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a.....	<b>3c</b>	
	<b>4</b> Interest income.....	<b>4</b>	
	<b>5</b> Dividends: <b>a</b> Ordinary dividends.....	<b>5a</b>	
	<b>b</b> Qualified dividends.....	<b>5b</b>	
	<b>6</b> Royalties.....	<b>6</b>	
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)).....	<b>7</b>	
<b>8a</b>	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)).....	<b>8a</b>	
	<b>b</b> Collectibles (28%) gain (loss).....	<b>8b</b>	
	<b>c</b> Unrecaptured section 1250 gain (attach statement).....	<b>8c</b>	
<b>9</b> Net section 1231 gain (loss) (attach Form 4797).....	<b>9</b>		
<b>10</b> Other income (loss) (see instructions). Type:.....	<b>10</b>		
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562).....	<b>11</b>	
	<b>12a</b> Charitable contributions.....	<b>12a</b>	
	<b>b</b> Investment interest expense.....	<b>12b</b>	
	<b>c</b> Section 59(e)(2) expenditures..... Type:.....	<b>12c</b>	
<b>d</b> Other deductions (see instructions). Type:.....	<b>12d</b>		
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)).....	<b>13a</b>	
	<b>b</b> Low-income housing credit (other).....	<b>13b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable).....	<b>13c</b>	
	<b>d</b> Other rental real estate credits (see instrs)..... Type:.....	<b>13d</b>	
	<b>e</b> Other rental credits (see instructions)..... Type:.....	<b>13e</b>	
	<b>f</b> Biofuel producer credit (attach Form 6478).....	<b>13f</b>	
	<b>g</b> Other credits (see instructions). Type:.....	<b>13g</b>	
<b>International</b>	<b>14</b> 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"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment.....	<b>15a</b>	
	<b>b</b> Adjusted gain or loss.....	<b>15b</b>	
	<b>c</b> Depletion (other than oil and gas).....	<b>15c</b>	
	<b>d</b> Oil, gas, and geothermal properties — gross income.....	<b>15d</b>	232,676.
	<b>e</b> Oil, gas, and geothermal properties — deductions.....	<b>15e</b>	179,731.
	<b>f</b> Other AMT items (attach statement).....	<b>15f</b>	
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income.....	<b>16a</b>	
	<b>b</b> Other tax-exempt income.....	<b>16b</b>	
	<b>c</b> Nondeductible expenses.....	<b>16c</b>	
	<b>d</b> Distributions (attach stmt if required) (see instrs).....	<b>16d</b>	19,262.
	<b>e</b> Repayment of loans from shareholders.....	<b>16e</b>	
	<b>f</b> Foreign taxes paid or accrued.....	<b>16f</b>	

<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) .....		
		See Statement 2		

<b>Reconciliation</b>	<b>18</b>	<b>Income (loss) reconciliation.</b> Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f. ....	<b>18</b>	2,021.
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<b>Schedule L</b>	<b>Balance Sheets per Books</b>	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		196,351.		161,109.
2a	Trade notes and accounts receivable .....			18,000.	
	b Less allowance for bad debts .....	( )		( )	18,000.
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach stmt) .....				
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach statement) See St. 3. ....		485,959.		485,959.
10a	Buildings and other depreciable assets .....	266,034.		266,034.	
	b Less accumulated depreciation .....	( 266,034.)		( 266,034.)	
11a	Depletable assets .....	412,462.		412,462.	
	b Less accumulated depletion .....	( 412,462.)		( 412,462.)	
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
	b Less accumulated amortization .....	( )		( )	
14	Other assets (attach stmt) .....				
15	<b>Total assets</b> .....		682,310.		665,068.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....		301.		301.
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach stmt) .....				
19	Loans from shareholders .....		128,000.		128,000.
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (attach statement) .....				
22	Capital stock .....		1,000.		1,000.
23	Additional paid-in capital .....		883,316.		883,316.
24	Retained earnings .....		-330,307.		-347,549.
25	Adjustments to shareholders' equity (att stmt) .....				
26	Less cost of treasury stock .....		( )		( )
27	<b>Total liabilities and shareholders' equity</b> .....		682,310.		665,068.

**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. ....	-32,301.	<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.
See Statement 4 34,322.	34,322.	<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4. . . . .	2,021.
<b>4</b> Add lines 1 through 3. ....	2,021.		

**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. ....	502,862.			
<b>2</b> Ordinary income from page 1, line 22. ....	2,021.			
<b>3</b> Other additions. . . . See Statement 5. ....	34,322.			
<b>4</b> Loss from page 1, line 22. ....	( )			
<b>5</b> Other reductions. . . . See Statement 6. ....	( 34,322.)			( )
<b>6</b> Combine lines 1 through 5. ....	504,883.			
<b>7</b> Distributions. ....	19,262.			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6. ....	485,621.			

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

Department of the Treasury  
Internal Revenue Service

**2023**

For calendar year 2023, 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 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 ..... \$ 128,000.  
End of tax year ..... \$ 128,000.

FOR IRS USE ONLY

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

1	Ordinary business income (loss)	13	Credits
	2,021.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
		D	232,676.
7	Net short-term capital gain (loss)	E	179,731.
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
		D	19,262.
10	Other income (loss)		
		17	Other information
		AC*	STMT
11	Section 179 deduction	AJ*	STMT
12	Other deductions	R*	STMT
		V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

**Box 17  
Other Information**

**\* Descriptive Information**

AC	Gross receipts for section 448(c).....	\$	232,676.
AJ	Aggregate Business Activity Gross Income.....		232,676.
AJ	Aggregate Business Activity Total Deductions.....		230,655.

**Supplemental Information**

This shareholder will not receive Schedule K-3 from the S corporation unless the shareholder requests the schedule.

**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

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

<b>QBI or qualified PTP items subject to shareholder-specific determinations:</b>			
	Ordinary business income (loss)	2,021.	
	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"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <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> .....		

**2023 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. <b>Gross income from oil and gas activities (Sch. K-1 Box 15, Code D)</b> .....	232,676.
--	----------

**EXPENSES:**

2. Production tax .....	8,396.
3. Operating expenses .....	171,335.
4. Depreciation .....	
5. Allocated overhead .....	
6. Other expenses .....	
7. <b>Total deductions allocable to oil and gas activities (Schedule K-1 Box 15, Code E)</b> .....	179,731.
8. <b>Net income from oil and gas activities (line 1 minus line 7)</b> .....	52,945.

**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) .....	34,322.
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) .....	34,322.
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) .....	34,322.
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) .....	34,322.

**OTHER INFORMATION:**

20. Total percentage depletion in excess of basis .....	34,322.
21. Total excess intangible drilling costs (IDC) .....	

Interstate Production Company

43-1231307

**Statement 1**  
**Form 1120S, Line 20**  
**Other Deductions**

Bank Charges.....	\$	15.
Dues and Subscriptions.....		26,200.
Legal and Professional.....		17,452.
Miscellaneous.....		45.
Operating Expenses from Oil and Gas Activities.....		171,335.
Outside Services.....		4,500.
Postage.....		388.
Total	\$	<u>219,935.</u>

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

Gross Receipts for Section 448(c).....	\$	232,676.
Aggregate Business Activity Gross Income for Sec. 461(1).....	\$	232,676.
Aggregate Business Activity Total Deductions for Sec. 461(1).....	\$	230,655.

**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-1, Line 3**  
**Expenses On Books Not On Schedule K**

Oil and Gas Depletion.....	\$	34,322.
Total	\$	<u>34,322.</u>

**Statement 5**  
**Form 1120S, Schedule M-2, Column A, Line 3**  
**Other Additions**

Oil and Gas Depletion in Excess of Basis.....	\$	34,322.
Total	\$	<u>34,322.</u>

Statement 6  
Form 1120S, Schedule M-2, Column A, Line 5  
Other Reductions

Oil and Gas Depletion.....	\$	34,322.
Total	\$	<u>34,322.</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	34,939	627		25,728						8,584
1	Kansas	Primary Oil	90,619			66,729						23,890
4	Louisiana	Primary Oil	49,254	6,176		36,269						6,809
2	Oklahoma	Primary Oil	30,208	853		22,244						7,111
3	Texas	Primary Oil	27,656	740		20,365						6,551
Totals: Trade or Business Income			232,676	8,396	0	171,335	0	0	0	0	0	52,945
Grand Totals			232,676	8,396	0	171,335	0	0	0	0	0	52,945

\* - 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

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	5,241	5,241		5,241	5,241	
1	Kansas	Primary Oil	13,593	13,593		13,593	13,593	
4	Louisiana	Primary Oil	7,388	6,809 *		6,809	6,809	
2	Oklahoma	Primary Oil	4,531	4,531		4,531	4,531	
3	Texas	Primary Oil	4,148	4,148		4,148	4,148	
Totals: Trade or Business Income			<u>34,901</u>	<u>34,322</u>	<u>0</u>	<u>34,322</u>	<u>34,322</u>	<u>0</u>
Grand Totals			<u><u>34,901</u></u>	<u><u>34,322</u></u>	<u><u>0</u></u>	<u><u>34,322</u></u>	<u><u>34,322</u></u>	<u><u>0</u></u>

\* - Tentative depletion limited to 100% of net income.

## S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attach to your tax return.  
Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.

Attachment  
Sequence No. **203**

Name of shareholder <b>LAURENCE R. JONES, JR.</b>	Identifying number <b>388-38-7434</b>
A Name of S corporation <b>Interstate Production Company</b>	B Employer identification number <b>43-1231307</b>
C Stock block (see instructions):	
D Check applicable box(es) to indicate how stock was acquired: <input type="checkbox"/> (1) Original shareholder <input type="checkbox"/> (2) Purchased <input type="checkbox"/> (3) Inherited <input type="checkbox"/> (4) Gift <input type="checkbox"/> (5) Other: _____	
E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. <input type="checkbox"/>	

### Part I Shareholder Stock Basis

1 Stock basis at the beginning of the corporation's tax year.....		<b>1</b>	474,570.
2 Basis from any capital contributions made or additional stock acquired during the tax year.....		<b>2</b>	
3a Ordinary business income (enter losses in Part III).....	<b>3a</b>		2,021.
b Net rental real estate income (enter losses in Part III).....	<b>3b</b>		
c Other net rental income (enter losses in Part III).....	<b>3c</b>		
d Interest income.....	<b>3d</b>		
e Ordinary dividends.....	<b>3e</b>		
f Royalties.....	<b>3f</b>		
g Net capital gains (enter losses in Part III).....	<b>3g</b>		
h Net section 1231 gain (enter losses in Part III).....	<b>3h</b>		
i Other income (enter losses in Part III).....	<b>3i</b>		
j Excess depletion adjustment.....	<b>3j</b>		
k Tax-exempt income.....	<b>3k</b>		
l Recapture of business credits.....	<b>3l</b>		
m Other items that increase stock basis.....	<b>3m</b>		
4 Add lines 3a through 3m.....		<b>4</b>	2,021.
5 Stock basis before distributions. Add lines 1, 2, and 4.....		<b>5</b>	476,591.
6 Distributions (excluding dividend distributions).....		<b>6</b>	19,262.
<b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7 Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.....		<b>7</b>	457,329.
8a Nondeductible expenses.....	<b>8a</b>		
b Depletion for oil and gas.....	<b>8b</b>		34,322.
c Business credits (sections 50(c)(1) and (5)).....	<b>8c</b>		
9 Add lines 8a through 8c.....		<b>9</b>	34,322.
10 Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.....		<b>10</b>	423,007.
11 Allowable loss and deduction items. Enter the amount from line 47, column (c).....		<b>11</b>	
12 Debt basis restoration (see net increase in instructions for line 23).....		<b>12</b>	
13 Other items that decrease stock basis.....		<b>13</b>	
14 Add lines 11, 12, and 13.....		<b>14</b>	0.
15 <b>Stock basis at the end of the corporation's tax year.</b> Subtract line 14 from line 10. If the result is zero or less, enter -0-.....		<b>15</b>	423,007.

### Part II Shareholder Debt Basis

#### Section A – Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1		(b) Debt 2		(c) Debt 3		(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account		<input type="checkbox"/> Formal note <input type="checkbox"/> Open account		<input type="checkbox"/> Formal note <input type="checkbox"/> Open account		
16 Loan balance at the beginning of the corporation's tax year.....							0.
17 Additional loans (see instructions).....							
18 Loan balance before repayment. Add lines 16 and 17..							0.
19 Principal portion of debt repayment (this line doesn't include interest).....							
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18....							0.

**Part II Shareholder Debt Basis** (continued) LAURENCE R. JONES, JR.

**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year. . . . .				0.
22 Enter the amount, if any, from line 17. . . . .				
23 Debt basis restoration (see instructions). . . . .				
24 Debt basis before repayment. Add lines 21, 22, and 23. . . . .				0.
25 Divide line 24 by line 18. . . . .				
26 Nontaxable debt repayment. Multiply line 25 by line 19. . . . .				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. . . . .				0.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis. . . . .				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-. . . . .				0.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . . . . .				
31 <b>Debt basis at the end of the corporation's tax year.</b> Subtract line 30 from line 29. If the result is zero or less, enter -0-. . . . .				0.

**Section C – Gain on Loan Repayment**

32 Repayment. Enter the amount from line 19. . . . .				
33 Nontaxable repayments. Enter the amount from line 26. . . . .				
34 <b>Reportable gain.</b> Subtract line 33 from line 32. . . . .				

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss. . . . .					
36 Net rental real estate loss. . . . .					
37 Other net rental loss. . . . .					
38 Net capital loss. . . . .					
39 Net section 1231 loss. . . . .					
40 Other loss. . . . .					
41 Section 179 deductions. . . . .					
42 Charitable contributions. . . . .					
43 Investment interest expense. . . . .					
44 Section 59(e)(2) expenditures. . . . .					
45 Other deductions. . . . .					
46 Foreign taxes paid or accrued. . . . .					
47 <b>Total loss.</b> Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30. . . . .	0.	0.	0.	0.	0.

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	34,939	627		25,728						8,584
1	Kansas	Primary Oil	90,619			66,729						23,890
4	Louisiana	Primary Oil	49,254	6,176		36,269						6,809
2	Oklahoma	Primary Oil	30,208	853		22,244						7,111
3	Texas	Primary Oil	27,656	740		20,365						6,551
Totals: Trade or Business Income			232,676	8,396	0	171,335	0	0	0	0	0	52,945
Grand Totals			232,676	8,396	0	171,335	0	0	0	0	0	52,945

\* - 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

Prop Number	Property Description	Production Type	Gross % Depletion	Tentative % Depletion	Cost Depletion	Greater of % of Cost	Depletion in Excess of Basis	Excess IDC
5	Arkansas	Primary Oil	5,241	5,241		5,241		
1	Kansas	Primary Oil	13,593	13,593		13,593		
4	Louisiana	Primary Oil	7,388	6,809 *		6,809		
2	Oklahoma	Primary Oil	4,531	4,531		4,531		
3	Texas	Primary Oil	4,148	4,148		4,148		
Totals: Trade or Business Income			<u>34,901</u>	<u>34,322</u>	<u>0</u>	<u>34,322</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>34,901</u>	<u>34,322</u>	<u>0</u>	<u>34,322</u>	<u>0</u>	<u>0</u>

\* - Tentative depletion limited to 100% of net income.



**ARKANSAS PASS-THROUGH ENTITY TAX  
DECLARATION FOR ELECTRONIC FILING**

For calendar year 2023, or tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_\_

Name Interstate Production Company			Federal Employer Identification Number or SSN 43-1231307	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2901 Verona			Telephone 816 728-7904	
City Mission Hills	State or Province KS	ZIP 66208	<input type="checkbox"/> Check if address is outside U.S. Foreign Country	

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

**ENTITY TYPE:**  LLC  LLP  LP  Partnership  SMLLC  S-Corp

1 Total Income (Form AR1100PET, Line 1)	1	303.00
2 Net Income Tax (Form AR1100PET, Line 7)	2	14.00
3 Overpayment (Form AR1100PET, Line 12)	3	00
4 Tax Due (Form AR1100PET, Line 15)	4	14.00

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

5a  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).

5b  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 Pass-Through Entity 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 Pass-Through Entity will remain liable for the tax liability and all applicable interest and penalties. If the federal Pass-Through Entity return is rejected, I understand the state Pass-Through Entity return may also be rejected.

Under penalties of perjury, I declare that I am an officer of the above Pass-Through Entity 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 Pass-Through Entity's 2023 Arkansas income tax return. To the best of my knowledge and belief, the Pass-Through Entity's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the Pass-Through Entity'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 indicator of whether or not the Pass-Through Entity's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the Pass-Through Entity'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>	_____	_____	<b>President</b>
	Signature of Officer	Date	Title

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

I declare that I have reviewed the above Pass-Through Entity return and that the entries on Form AR8453-PET 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 Pass-Through Entity's return; I declare that Form AR8453-PET accurately reflects the data on the return. I have obtained the officer's signature on Form AR8453-PET before submitting this return 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 State of Preparer, under penalties of perjury I declare that I have examined the above Pass-Through Entity'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 Richard M. Washburn, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01040868
	Firm's name (or yours if self-employed) address and ZIP code WALSH WASHBURN, LLC 5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK KS 66211	EIN 20-1940035	Phone No. 913-660-7710		

**Under penalties of perjury**, I declare that I have examined the above Pass-Through Entity'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) address and ZIP code	EIN	Phone No.	



Arkansas Pass-Through Entity Tax Return

Software ID

PROLINE

- Final Return, Extension Filed, Initial Return, Amended Return

For the taxable year from 1/01/2023 through 12/31/2023

Federal employer identification number 43-1231307

Name Interstate Production Company

Address 2901 Verona

City, town, or post office Mission Hills State KS ZIP Code 66208 NAICS Code 211120

Entity type: LLC, LLP, LP, Partnership, SMLLC, S-Corp

FILING STATUS: Pass-Through Entity operating only in Arkansas, Multistate Pass-Through Entity - Direct Accounting, Multistate Pass-Through Entity - Apportionment

Table with 19 rows and 3 columns: Description, Line Number, Amount. Total Due: 14.00

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, it is true, accurate, and complete.

Officer's Signature, Preparer's Signature, Preparer's Printed Name, Area Code and Telephone Number of Preparer, Title, Telephone Number, Preparer's FEIN/PTIN, Check if self employed, May the Pass-Through Entity Tax Section contact your preparer?

Due on or before the 15th day of the 4th month following the close of the taxable year.



2023  
Accounting  
Income Statement



2023  
P3

FEIN: 43-1231307

		ARKANSAS	
<b>INCOME</b>	1 Gross Sales: <b>(Less returns and allowances)</b> .....	1 •	00
	2 Less Cost of Goods Sold:.....	2 •	00
	3 Gross Profit: <b>(Line 1 less Line 2)</b> .....	3 •	00
	4 Dividends: <b>(See Instructions)</b> .....	4 •	00
	5 Taxable Interest: <b>(Attach AR1100REC)</b> .....	5 •	00
	6 Gross Rents/Gross Royalties: <b>(See Instructions)</b> .....	6 •	00
	7 Gains or Losses:.....	7 •	00
	8 Other Income:.....	8 •	00
	9 TOTAL INCOME: <b>(Add Lines 3 through 8)</b> .....	9 •	00
<b>DEDUCTIONS</b>	10 Compensation of Officers/Other Salaries and Wages: <b>(See Instructions)</b> .....	10 •	00
	11 Guaranteed payments to partners.....	11 •	00
	12 Repairs:.....	12 •	00
	13 Bad Debts:.....	13 •	00
	14 Rent on Business Property:.....	14 •	00
	15 Taxes: <b>(Attach AR1100REC)</b> .....	15 •	00
	16 Interest:.....	16 •	00
	17 Contributions:.....	17 •	00
	18 Depreciation: <b>(Attach AR1100REC/Except IRC 179D)</b> .....	18 •	00
	19 Depletion:.....	19 •	00
	20 Advertising:.....	20 •	00
	21 Retirement Plans:.....	21 •	00
	22 Employee Benefits:.....	22 •	00
	23 Other Deductions: <b>(Attach schedule/Except IRC 179D)</b> .....	23 •	00
24 TOTAL DEDUCTIONS: <b>(Add Lines 10 through 23)</b> .....	24 •	00	
<b>NET INCOME</b>	25 Taxable Income Before Net Operating Losses: <b>(Line 9 less Line 24)</b> .....	25 •	00
	26 Net Operating Losses: <b>(Adjust for Non-taxable Income)</b> .....	26 •	00
	27 Net Taxable Income: <b>(Line 25 less Line 26) (Enter here and on line 1 of page 1)</b> .....	27 •	00
<b>CAPITAL GAINS</b>	28 Current Year Capital Gains:.....	28 •	00
	29 Less Capital loss carryforward:.....	29 •	00
	30 Net Capital Gains: <b>(28 minus 29; enter here and on line 3 page 1)</b> .....	30 •	00

**2023**  
**Apportionment**  
**of Income**



**2023**  
**P4**

Check if Using Three Factor Apportionment Alternative (See instructions)

FEIN: 43-1231307

<b>A INCOME TO APPORTION:</b>			
1	Income per Federal Return	1 •	2,021 00
2	Add Adjustments: (Attach schedule)	2 •	00
3	Deduct Adjustments: (Attach schedule)	3 •	00
4	TOTAL APPORTIONABLE INCOME:	4 •	2,021 00

**NOTE:** If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, Pass-Through Entity only in Arkansas and complete all appropriate lines on page 1 of Form AR1100PET. 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.

<b>B APPORTIONMENT FACTOR:</b>		(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1 Property Used in Business:</b>				
a Tangible Assets Used in Business and Inventories				
1	Amount Beginning of Year:	00	00	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i> 999.999999 % <b>(EXAMPLE)</b>
2	Amount End of Year:	00	00	
3	Total: (Add Lines a1 and a2)	00	00	
4	Average Tangible Assets: (Line 3 ÷ 2)	00	00	
b Rental Property: (8 times annual rent)				
c TOTAL PROPERTY: (Add Lines a4 and b)				
<b>2 Salaries, Wages, Commissions and Other Compensation Related to the Production of business Income:</b>				
a Total:				
<b>3 Sales/Receipts:</b>				
a Destination Shipped From Within Arkansas:				
b Destination Shipped From Without Arkansas:				
c Origin Shipped From Within AR to U.S. Govt:				
d Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:				
e Other Gross Receipts: (Attach schedule)				
f TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e)				
g Double Weighted: Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (If Sales Factor only, do not doubleweight).				
<b>4 Sum of Percentages: (Double Weighted: Add Column C, Lines 1c, 2a and 3g)</b>				
*5 Percentage Attributable to Arkansas: Line 4 15.016160 % Divided By* 1 = 5 • 15.016160 %				

\*For Part B, Line 5, Divide Line 4 by 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 unless using Single Sales Factor.**

<b>C ARKANSAS TAXABLE INCOME:</b>			
1	Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C)	1 •	303 00
2	Add: Direct Income Allocated to Arkansas: (Attach schedule)	2 •	00
3	Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form)	3 •	00
4	TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 1, page 1)	4 •	303 00

<b>D ARKANSAS CAPITAL GAINS:</b>			
1	Apportionable Capital Gains	1 •	00
2	Arkansas Apportionment Factor (From Section B, Line 5 above)	2 •	15.016160 00
3	Capital gains apportioned to Arkansas	3 •	00
4	Net Capital gains allocated to Arkansas (plus or minus gains/losses allocated to Arkansas)	4 •	00
5	Less Capital loss carryforward	5 •	00
6	Net Capital gains (enter here and on page 1, line 3)	6 •	00

MAIL RETURN TO: Pass-Through Entity Tax, P.O Box 919, Little Rock AR 72203-0919

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



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

Tax year beginning 1/01, 20 23 and ending 12/31, 20 23

Software ID  
PROLINE

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1  <p align="center"><b>Return Type</b></p> <input type="checkbox"/> S-Corp. <input type="checkbox"/> Partnership <input checked="" 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>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>1a</b> Ordinary income (loss)  <div style="text-align: right;">303.</div> <b>2a</b> Net rental real estate income (loss)  <b>3a</b> Other net rental income (loss)  <b>4a</b> Interest income  <b>5a</b> Dividends  <b>6a</b> Royalties  <b>7a</b> Net short-term capital gain (loss)	<b>1b</b> Ordinary income (loss)  <b>2b</b> Net rental real estate income (loss)  <b>3b</b> Other net rental income (loss)  <b>4b</b> Interest income  <b>5b</b> Dividends  <b>6b</b> Royalties  <b>7b</b> Net short-term capital gain (loss)																
<b>Part II Information About the Shareholder or Partner</b>	<b>8a</b> Net long-term capital gain (loss)  <b>9a</b> Unrecaptured Section 1250 gain  <b>10a</b> Net section 1231 gain (loss)  <b>11a</b> Other income (loss)*  <b>12a</b> Guaranteed payments  <b>13a</b> Section 179 deduction  <b>14a</b> Contributions and other deductions <i>Supp Info</i>	<b>8b</b> Net long-term capital gain (loss)  <b>9b</b> Unrecaptured Section 1250 gain  <b>10b</b> Net section 1231 gain (loss)  <b>11b</b> Other income (loss)*  <b>12b</b> Guaranteed payments  <b>13b</b> Section 179 deduction  <b>14b</b> Contributions and other deductions																
<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>KS</u>	<b>15a</b> Credits  <b>16a</b> Items affecting shareholder basis  <b>17a</b> Tax-exempt income and nondeductible expenses  <b>18a</b> Distributions  <div style="text-align: right;">2,892.</div> <b>19a</b> Investments and other items  <b>20a</b> Arkansas withholding or other payments	<b>15b</b> Credits  <b>16b</b> Items affecting shareholder basis  <b>17b</b> Tax-exempt income and nondeductible expenses  <b>18b</b> Distributions  <b>19b</b> Investments and other items																
<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 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	%		%	<b>H</b> Arkansas Apportionment Percentage:  <div style="text-align: center;"><u>15.02</u> %</div>	
	Beginning		Ending															
Profit	%		%															
Loss	%		%															
Capital	%		%															
* Attach statement with additional information																		

**Box 14**  
**Contributions and Other Deductions**

Total Arkansas  
Distr. Share

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



## ARKANSAS PASS-THROUGH ENTITY INCOME TAX ELECTION OR REVOCATION FORM

Software ID

● PROLINE

**Pass-through entity making the election:**

- The entity listed below is electing to be taxed at the entity level for this tax year. By checking this box, I affirm that this election has been approved by members holding more than fifty percent of the voting rights.

**Tax year begin date:** ● 0 1 / 0 1 / 2 4      **Tax year end date:** ● 1 2 / 3 1 / 2 4

- Revocation of election of pass through entity tax      ● \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Effective date of revocation

**Any credits at the time of Revocation will be applied as:**

- Refund      ●  Carry- Forward      ●  Income Tax Composite      ●  Pass-Through Withholding

Date of first operations in Arkansas: ● 5/28/1981      NAICS code: ● 211120

Federal employer identification number ● 43-1231307		
Name ● Interstate Production Company		
Address ● 2901 Verona		
City ● Mission Hills	State ● KS	Zip ● 66208

**Type of Organization: (check the one box that applies)**

- S-Corp
- LLC
- Partnership (All types including limited (LP), limited liability (LLP), general (GP, etc.)
- Other (explain: \_\_\_\_\_)

**Responsible Party:**

Name ●	Title ● President	SSN ●
Email ●		Telephone Number ● 816 728-7904

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.

\_\_\_\_\_  
Signature of authorized partner, shareholder, corporate officer, or member

\_\_\_\_\_  
Date

**Mail To:**

Pass-Through Entity Tax  
P O Box 919  
Little Rock, AR 72203-0919

**Instructions:**

This form is intended for S-Corps, LLCs, and partnerships that are electing to be taxed at the entity level under AR §26-65-101 et seq. **Complete this form to make the election.** This election is valid for the pass-through entity for the tax year listed at the top of this form and **for each tax year after until the election is revoked.** If the amount of tax required to be paid by the pass-through entity pursuant to the provisions of AR §26-65-101 et seq is not paid when due, the Department of Finance and Administration may assess the individual members of the entity based on each members pro rata share of income in addition to assessing the entity for tax liability. The election is due **before** the due date or extended due date of the entity's tax return for each tax year. For partnerships, this form is to be signed by a partner or member who is authorized to sign and file such income tax return. For S-Corps, this form is to be signed by a corporate officer or a member who is authorized to sign and file such income tax return. For revocation of PET tax, please provide the first date of the tax period after last return filed under PET tax.

Form AR362 Arkansas Pass-Through Entity Income Tax Election/Revocation form is not required to elect to be taxed on the Entity level under AR § 26- 65-101. The election may also be made by filing form AR1100PET. **If Business Entities wish to establish estimated payments, filing an election using this form will help in tracking estimated payments.**



## ARKANSAS CORPORATION INCOME TAX OR PASS-THROUGH ENTITY TAX RECONCILIATION SCHEDULE

NAME Interstate Production Company

FEIN 43-1231307

### **PART A: INTEREST INCOME**

1 INTEREST INCOME FROM FEDERAL FORM (Forms 1120, Line 5).....	1 ●	00
2 ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2 ●	00
3 LESS: U.S. OBLIGATION INTEREST INCOME ( <b>Attach Schedule</b> ).....	3 ●	00
4 ARKANSAS TAXABLE INTEREST INCOME: ( <b>Enter here and on Line 11, Form AR1100CT or on P3 Line 5, Form AR1100PET</b> ).....	4 ●	00

### **PART B: TAXES DEDUCTION**

1 TAXES AND LICENSE DEDUCTION FROM FEDERAL FORM (FORMS 1120, LINE 17; 1120S, LINE 12; 1065, LINE 14 ...	1 ●	10,720 00
2 ADD: FOREIGN TAXES NOT INCLUDED ON FEDERAL FORMS.....	2 ●	00
3 LESS: ARKANSAS INCOME TAX (A.C.A. 26-51-416).....	3 ●	00
4 ARKANSAS DEDUCTION FOR TAXES ( <b>Enter here and on Line 20, Form AR1100CT or on P3 Line 15, Form AR1100PET</b> ).....	4 ●	10,720 00

### **PART C: DEPRECIATION DEDUCTION**

1 DEPRECIATION DEDUCTION FROM FEDERAL FORM (Forms 1120, Line 20; 1120S, Line 14; 1065, Line 16a or 16b).....	1 ●	00
2 PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE.....	2 ●	00
3 TOTAL FEDERAL DEPRECIATION ( <b>Line 22 of Form 4562</b> ).....	3 ●	00
4 LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4 ●	00
5 LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5 ●	00
6 LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6 ●	00
7 ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7 ●	00
8 ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT ( <b>Attach Schedule</b> ).....	8 ●	00
9 ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9 ●	00
10 LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10 ●	00
11 ARKANSAS DEPRECIATION DEDUCTION ( <b>Enter here and on Line 23, Form AR1100CT or on P3 Line 18, Form AR1100PET</b> ).....	11 ●	00

### **PART D: CAPITAL GAINS OR LOSSES (PET ONLY)**

1 FEDERAL CAPITAL GAINS ( <b>Federal long-term capital gains</b> ).....	1 ●	00
2 PLUS OR MINUS BASIS ADJUSTMENTS.....	2 ●	00
3 NON-BUSINESS CAPITAL GAINS OR LOSS ( <b>Only use if multi-state apportionment</b> ).....	3 ●	00
4 ARKANSAS CAPITAL GAINS OR LOSSES ( <b>Enter here and on P4 Section D Line 1 on form AR1100PET for multi-state, or on P3 Line 28 for AR/Status 1</b> ).....	4 ●	00





Scroll down to view the corporate income tax voucher.

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

Kansas S Corporation Tax  
Kansas Department of Revenue  
PO Box 750260  
Topeka, Kansas 66699-0260

**K-120V**

Rev. 12-23

005



**2023 Kansas**  
CORPORATE INCOME  
TAX VOUCHER

KSCA0501L 01/12/24

005

K-120V  
1592



01012023

12312023

431231307

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Name or Address  
Change

Amended  
Return

Extension  
Payment

Daytime Phone Number: 8167287904

LARRY JONES

Payment Amount \$ 115 .00

159223431231307431231307010123123123

Scroll down to view the corporate income tax voucher.

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

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**SEND THE ORIGINAL**

Kansas S Corporation Tax  
Kansas Department of Revenue  
PO Box 750260  
Topeka, Kansas 66699-0260

**K-120V**

Rev. 12-23

005



**2023 Kansas**  
CORPORATE INCOME  
TAX VOUCHER

KSCA0501L 01/12/24

005

K-120V  
1592



01012023

12312023

431231307

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Name or Address  
Change

Amended  
Return

Extension  
Payment

Daytime Phone Number: 8167287904

LARRY JONES

Payment Amount \$ 115 .00

159223431231307431231307010123123123



For the taxable year beginning 01012023 ending 12312023

Interstate Production Company
2901 Verona
Mission Hills, KS 66208

Filing an AMENDED return? EIN 431231307

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

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

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

B Method Used to Determine Income of Corporation in Kansas

D Date Business Began in KS: 05281981

X 1 Activity wholly within Kansas or single entity apportionment method

E Date Business Discontinued in KS:

I Tax credit schedules are enclosed?

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

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

K Name or address has changed?

3 Common carrier mileage (Enclose mileage apportionment schedule)

F State and Date of Incorporation: TX 051981

L Are you filing Form K-40C?

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

M Have you submitted Form K-120EL?

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

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

O Mark this box if electing to be taxed at the entity level and wishing to tax 100% of the income for Kansas residents X

1 Ordinary income from federal Sch. K 2021.00

15 Disallowed business meal expenses (I.R.C. § 274) (Sch. Req.) 00

2a Total of all other income from federal Sch. K 00

16 Other subtractions from federal income (Sch. Req.) 00

2b Total of allowable deductions from federal Sch. K 00

17 Total subtractions from federal income (Add lines 10 - 16) 00

3 Total federal income (Add line 1 to line 2a and subtract line 2b) 2021.00

18 Net income before apportionment (Add line 3 to line 9 and subtract line 17) 2021.00

4 Total state and municipal interest (Sch. Req.) 00

19 Nonbusiness income - Total Company (Sch. Req.) 00

5 Taxes on or measured by income or fees or payments in lieu of income taxes (Sch. Req.) 00

20 Apportionable business income (Subtract line 19 from line 18) 2021.00

6 250 deduction related to Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 250(a)(1)(B))(Sch. Req.) 00

21 Average percent to Kansas (Part VI, lines A, B, C, & E: if 100% enter 100.0000) 19.4732

7 Business interest expense carryforward deduction (I.R.C. § 163(j))(Sch. Req.) 00

A 0.0000 C 38.9464 B

8 Other additions to federal income (Sch. Req.) 00

22 Amount to Kansas (Multiply line 20 by line 21) 394.00

9 Total additions to federal income (Add lines 4 - 8) 00

23 Nonbusiness income - Kansas (Sch. Req.) 00

10 Interest on U.S. government obligations (Sch. Req.) 00

24 Kansas Expensing Recapture (See instr. for K-120EX and enclose applicable schs) 00

11 I.R.C. § 78 and 80% of foreign dividends (Sch. Req.) 00

25 Kansas Expensing Deduction (See instr. for K-120EX and enclose applicable schs) 00

12 Global Intangible Low-Taxed Income (GILTI)(I.R.C. § 951A)(Sch. Req.) 00

26 Total Kansas income (Add lines 22, 23, 24 and subtract line 25) 394.00

13 Disallowed business interest deduction (I.R.C. § 163(j))(Sch. Req.) 00

27 Kansas income not taxed as part of the election (schedule required) 00

14 Contributions to capital exceptions (I.R.C. § 118)(Sch. Req.) 00

28 Kansas taxable income for electing pass-through entity before KNOLD (subtract line 27 from line 26) 394.00



Interstate Production Company

EIN 431231307

29 Kansas Net Operating Loss Deduction (KNOLD)	00	41 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 or if filing combined return, enter line 30 from the K-121S)	394.00	42 Total prepaid credits. (Add lines 36-40, and subtract line 41.)	00
31 Remaining Kansas resident income taxed at 100% (schedule required) See Statement 1	1627.00	43 Balance Due. (If line 35 exceeds line 42, subtract line 42 from line 35 and enter result.)	115.00
32 Total taxable income for electing partners (add lines 30 and 31)	2021.00	44 Interest.	00
33 Electing pass-through entity income tax due (5.7% of line 32) (enter here and on Part IV, box 11)	115.00	45 Penalty.	00
34 Total Nonrefundable Credits pertaining to electing pass-through entity (enter amount from Part 1, line 31).	00	46 Estimated tax penalty.	00
35 Balance. (Subtract line 34 from line 33, cannot be less than zero.)	115.00	If annualizing to compute penalty, check this field	
36 Estimated tax paid and amount credited forward (Sep. Sch.)	00	47 Total tax, interest, and penalty due (Add lines 43-46). Complete K-120V and enclose it with your payment.	115.00
37 Other tax payments (Sep. Sch.)	00	48 Overpayment. (If line 35 is less than line 42, subtract line 35 from line 42 and enter the result.)	00
38 Amount paid with Kansas extension.	00	49 Refund. Enter the amount of line 48 you wish to be refunded.	00
39 Payment remitted with original return. (See instructions.)	00	50 Credit Forward. Enter the amount of line 48 (original return only) you wish it to be applied to 2024 estimated tax. (Line 50 cannot exceed the total of lines 36, 37 and 38.)	00
40 Refundable Credits. (Part 1, line 37)	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 913-660-7710 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	Apprenticeship Credit (Enclose Sch. K-24) . . . . .	00
2	Affordable Housing Tax Credit (Enclose Sch. K-25) . . . . .	00
3	Aviation/Aerospace Credit (Enclose Sch. K-26) . . . . .	00
4	Housing Investor Tax Credit (Enclose Sch. K-27) . . . . .	00
5	Attracting Powerful Economic Expansion Tax Credit (Enclose Sch. K-28) . . . . .	00
6	Short Line Railroad Tax Credit (Enclose Sch. K-29) . . . . .	00
7	Center for Entrepreneurship Credit (Enclose Sch. K-31) . . . . .	00
8	Business and Job Development Credit - <b>carry forward use only</b> (Enclose Sch. K-34) . . . . .	00
9	Historic Preservation Credit (Enclose Sch. K-35) . . . . .	00
10	Disabled Access Credit (Enclose Sch. K-37) . . . . .	00
11	Eisenhower Foundation Contribution Credit (Enclose Sch. K-43) . . . . .	00
12	Purchases from Qualified Vendor Credit (Enclose Sch. K-44) . . . . .	00
13	Friends of Cedar Crest Association Contribution Credit (Enclose Sch. K-46) . . . . .	00
14	Technology Enabled Fiduciary Financial Institutions Credit (Enclose Sch. K-48) . . . . .	00
15	Research and Development Credit (Enclose Sch. K-53) . . . . .	00
16	Venture Capital Credit - <b>carry forward use only</b> (Enclose Sch. K-55) . . . . .	00
17	Seed Capital Credit - <b>carry forward use only</b> (Enclose Sch. K-55) . . . . .	00
18	High Performance Incentive Program Credit (Enclose Sch. K-59) . . . . .	00
19	Community Service Contribution Credit (Enclose Sch. K-60) . . . . .	00
20	Targeted Employment Credit (Enclose Sch. K-69) . . . . .	00
21	Low Income Student Scholarship Credit (Enclose Sch. K-70) . . . . .	00
22	Petroleum Refinery Credit - <b>carry forward use only</b> (Enclose Sch. K-73) . . . . .	00
23	Single City Port Authority Credit (Enclose Sch. K-76) . . . . .	00
24	Qualifying Pipeline Credit - <b>carry forward use only</b> (Enclose Sch. K-77) . . . . .	00
25	BioMass-to-Energy Credit - <b>carry forward use only</b> (Enclose Sch. K-79) . . . . .	00
26	Storage and Blending Equipment Credit - <b>carry forward use only</b> (Enclose Sch. K-82) . . . . .	00
27	Electric Cogeneration Facility Credit - <b>carry forward use only</b> (Enclose Sch. K-83) . . . . .	00
28	Kansas Community College and Technical College Contribution Credit (Enclose Sch. K-84) . . . . .	00
29	Commercial Restoration and Preservation Credit (Enclose Sch. K-92) . . . . .	00
30	Farm Net Operating Loss (Enclose Sch. K-139F) . . . . .	00
31	<b>Total nonrefundable credits (Add lines 1 - 30. Enter total here and on line 34, page 2)</b> . . . . .	00

**REFUNDABLE CREDITS** (See instructions)

32	Attracting Powerful Economic Expansion Tax Credit (Enclose Sch. K-28) . . . . .	00
33	Child Day Care Assistance Credit (Enclose Sch. K-56) . . . . .	00
34	Community Service Contribution Credit (Enclose Sch. K-60) . . . . .	00
35	Individual Development Account Credit (Enclose Sch. K-68) . . . . .	00
36	Farm Net Operating Loss (Enclose Sch. K-139F) . . . . .	00
37	<b>Total refundable credits (Add lines 32 - 36. Enter total here and on line 40, page 2)</b> . . . . .	00



**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.

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

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

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.

3 The corporation's books are in care of:

Name The Corporation  
Address 2901 Verona  
Mission Hills KS 66208  
Telephone 816-474-1237

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 9. All other partners and shareholders complete columns 1 through 6.

(1) Name and address of partner or shareholder	(2) Type of Partner or Shareholder R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(3) SSN or EIN	(4) Partner's or shareholder's percent of ownership	(5) Partner's profit percent or shareholder's applicable percentage
LAURENCE R. JONES, JR. a 2901 VERONA MISSION HILLS, KS 66208	R	388-38-7434	100	100
b				
c				
d				
e				
f				
g				
h				
i				

See instructions for Nonresident Partner's or Shareholder's Computation of Columns 7, 8 and 9.

KSSZ0102L 01/02/24

(6) Income from Kansas sources. Kansas resident individuals: Multiply column 5 by line 18. Nonresident individuals: If income is earned only from Kansas sources, multiply column 5 by line 18. If earned from inside and outside of Kansas, multiply column 5 by sum of lines 22 and 23. All other partners or shareholders: Multiply column 5 by sum of lines 22 and 23.	(7) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions. Multiply the percentage in column 5 by line 3, page 1.	(8) Partner's or shareholder's portion of total Kansas income. Multiply the percentage in column 5 by line 18, page 1.	(9) Partner's or shareholder's modification. See instructions. Enter result in Part A of Schedule S, Form K-40.
a 2021.	2021.	2021.	
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 LAURENCE R. JONES, JR. 2901 VERONA MISSION HILLS, KS 66208		Type of Partner or Shareholder <input checked="" type="checkbox"/> R	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(2) SSN or EIN 388-38-7434	(3) Partner's percent of income and credits 100
(4) Kansas Taxable Income 2021.00	(5) Total tax @ 5.7% 115.00	(6) Nonrefundable Credits 00		(7) Balance 115.00	
(8) Refundable Credits 00	(9) Net Tax 115.00				
(1) Name and address of partner or shareholder		Type of Partner or Shareholder <input type="checkbox"/>	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(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		Type of Partner or Shareholder <input type="checkbox"/>	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(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		Type of Partner or Shareholder <input type="checkbox"/>	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(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		Type of Partner or Shareholder <input type="checkbox"/>	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(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		Type of Partner or Shareholder <input type="checkbox"/>	R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(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				
<b>TOTALS FOR PART IV INCLUDING ADDITIONAL SCHEDULES</b>					
(10) Kansas Taxable Income 2021.00	(11) Total tax @ 5.7% 115.00	(12) Nonrefundable Credits 00		(13) Balance 115.00	
(14) Refundable Credits 00	(15) Net Tax 115.00				

KANSAS
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 1012023, ending 12312023

Name as shown on Form K-120

Employer Identification Number (EIN)

Interstate Production Company

43-1231307

PART V - APPORTIONMENT FORMULA

Table with 5 columns: A Property, WITHIN KANSAS (Beginning/End of Year), TOTAL COMPANY (Beginning/End of Year), PERCENT WITHIN KANSAS. Rows include Inventory, Depreciable assets, Land, Other tangible assets, and TOTAL PROPERTY.

Table with 3 columns: B Payroll (Description), WITHIN KANSAS, TOTAL COMPANY, PERCENT WITHIN KANSAS. Rows include Compensation of officers, Wages, salaries and commissions, Payroll expense included in cost of goods sold, Payroll expense included in repairs, Other wages and salaries, and TOTAL PAYROLL.

Table with 4 columns: Sales (Description), WITHIN KANSAS, TOTAL COMPANY, PERCENT WITHIN KANSAS. Rows include Sales delivered or shipped to purchasers in Kansas, Sales shipped from Kansas to (US Government, other states), Dividends, Interest, Rents, Royalties, Gains/losses from intangible asset sales, Gross proceeds from tangible asset sales, Other income, and TOTAL RECEIPTS.

Summary rows: D1 Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula) 38.9464%, D2 Total percent (Sum of lines A & C if qualified and utilizing two-factor formula) %

Row E: Average percent of either D(1) or D(2), whichever is applicable (Enter on line 21, page 2) 19.4732%



**Line 31: WORKSHEET FOR REMAINING KANSAS INCOME TAXED AT 100%**

**Worksheet for Remaining Kansas Resident Income Taxed at 100%**

a. Apportionable Business income (line 20 of the K-120S)	\$	2,021.
b. Amount to Kansas (line 22 of the KS-120)	\$	394.
c. Subtract line b from line a	\$	1,627.
d. Nonbusiness income - Total Company (line 19 of the K-120S)	\$	0.
e. Nonbusiness income - Kansas (line 23 of the K-120S)	\$	0.
f. Subtract line e from line d	\$	0.
g. Sum lines c and f	\$	1,627.
h. The aggregate percentage of ownership by KS Individual residents Part III of the K-120S, col. 4 (where col 2 = R or I)		100%
i. Multiply line g by line h. Record here and on line 31 of K-120S	\$	1,627.

**Statement 2  
Form K-120S AS, Page 1, Line 1  
Other tangible assets**

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

1315

R-8453C (1/24)

**LOUISIANA**  
**DEPARTMENT of REVENUE**
**Louisiana Department of Revenue**  
**Corporation Income/Franchise Tax**  
**Declaration for Electronic Filing**
**2023**  
 LA8453-C

 Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).  
 For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2024

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>13.</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 2023 Income/2024 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

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

6446686001

For office use only.

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.

Legal Name <b>INTERSTATE PRODUCTION COMPANY</b>		
Trade Name		
Mailing Address <b>2901 VERONA</b>		
Unit Type	Unit Number	
City <b>MISSION HILLS</b>	State <b>KS</b>	ZIP <b>66208</b>
Foreign Nation, if not United States (do not abbreviate)		

LA Corporation Income Tax Return for <b>2023</b>	LA Corporation Franchise Tax Return for <b>2024</b>
<b>Mark box if:</b>	
Calendar Year filer	<b>X</b>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Began	Began
Ended	Ended

<b>A</b>	Federal Employer Identification Number	431231307
<b>B</b>	Total business interest expense	0
<b>C</b>	Total business interest expense deduction	0
<b>D</b>	Income tax apportionment percentage	2117
<b>E</b>	Gross revenues	232676
<b>F</b>	Total assets	665068
<b>G</b>	NAICS code	211120
<b>H</b>	Enter the state abbreviation for location of the principal place of business.	
<b>I</b>	Does the income of this corporation include the income of any disregarded entities?	Yes No <b>X</b>
<b>J</b>	Was the income of this corporation included in a consolidated federal income tax return?	Yes No <b>X</b>
<b>K</b>	If answered yes to J, enter FEIN of consolidated federal income tax return.	
<b>L</b>	Do the books of the corporation contain intercompany debt?	Yes No <b>X</b>
<b>M</b>	Enter the code for the federal form filed.	2
<b>N</b>	Enter the code for the type of entity.	
<b>O</b>	Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.	
<b>1A</b>	Louisiana net income before loss adjustments <span style="float: right;">428</span>
<b>1B</b>	Subchapter S corporation exclusion <span style="float: right;">0</span>
	Loss carryforward
<b>1C</b>	less federal tax refund applicable to loss <span style="float: right;">90</span>
	Attach schedule.
<b>1C1</b>	Loss carryforward utilized <span style="float: right;">65</span>
<b>1D</b>	Louisiana taxable income <span style="float: right;">363</span>
<b>2</b>	Louisiana income tax <span style="float: right;">13</span>
<b>3</b>	Nonrefundable income tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
<b>4</b>	Income tax after priority 1 credits <span style="float: right;">13</span>

Computation of Franchise Tax - See instructions.	
<b>5A</b>	Total capital stock, surplus, & undivided profits <span style="float: right;">536767</span>
<b>5B</b>	Franchise tax apportionment percentage <span style="float: right;">1059</span>
<b>5C</b>	Franchise taxable base <span style="float: right;">56844</span>
<b>6</b>	Amount of assessed value of real and personal property in Louisiana in 2023 <span style="float: right;">0</span>
<b>7</b>	Louisiana franchise tax <span style="float: right;">0</span>
<b>8</b>	Nonrefundable franchise tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
<b>9</b>	Franchise tax after priority 1 credits <span style="float: right;">0</span>

**IMPORTANT!**

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

LACA0101L 01/23/24



FOR OFFICE USE ONLY

Field Flag

DEV ID 1315

22441

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	13	10	0	
<b>11</b>	Refundable credits from Schedule RC-P2	0	11	0	
<b>12</b>	Tax liability after priority 2 credits	13	12	0	
<b>13</b>	Overpayment after priority 2 credits	0	13	0	
<b>14</b>	Nonrefundable credits from Schedule NRC-P3	0	14	0	
<b>15</b>	Tax liability after priority 3 credits	13	15	0	
<b>16A</b>	Overpayment after priority 2 credits	0	16A	0	
<b>16B</b>	Refundable credits from Schedule RC-P4	0	16B	0	
<b>16C</b>	Credit carryforward from prior year return	501	16C	0	
<b>16D</b>	Estimated payments	0			
<b>16E</b>	Amount of extension payment	0	16E	0	
<b>16F</b>	Total refundable credits and payments	501	16F	0	
<b>17</b>	Overpayment	488	17	0	17 488
<b>18</b>	Tax due	0	18	0	
<b>19</b>	Amount of Income tax overpayment applied to franchise tax		19	0	
<b>20</b>	Net Tax due		20	0	
<b>21</b>	Interest	0	21	0	
<b>22</b>	Delinquent filing penalty	0	22	0	
<b>23</b>	Delinquent payment penalty	0	23	0	
<b>24</b>	Additional donation to The Military Family Assistance Fund	0	24	0	▼ PAY THIS AMOUNT ▼
<b>25</b>	Total amount due	0	25	0	25 0

**IMPORTANT!**

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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	<b>26</b>	488
<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 2024 income tax			<b>28</b>	488
<b>29</b> Amount of overpayment to be credited to 2025 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>	Telephone ▶ <b>913-660-7710</b>	
	Firm's Address ▶ <b>5360 COLLEGE BOULEVARD SUITE 100 OVERLAND PARK, KS 66211</b>			

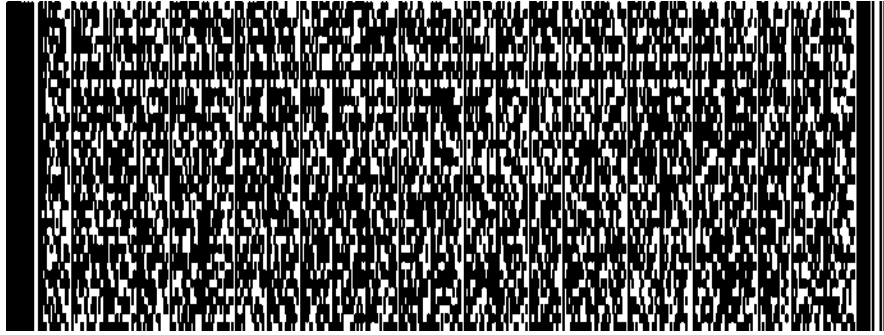
**IMPORTANT!**

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

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**IMPORTANT!**

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



**Interstate Production Co**

All applicable schedules must be completed.

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

Schedule B – Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1 Total amount	2 Louisiana amount	3 Percent
<b>1</b> Net sales of merchandise and/or charges for services			
<b>A</b> Sales	232676	49254	
<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.	232676	49254	21.17 %
<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			21.17 %
<b>6</b> Average of percents – Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			21.17 %



Interstate Production Co

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	232676	.00	<b>23</b> Energy efficient commercial buildings deduction.		.00
<b>1B</b> Less returns and allowances		.00	<b>24</b> Other deductions – Attach schedule. See Statement 4	219935	.00
<b>1C</b> Balance. Subtract Line 1B from Line 1A.	232676	.00	<b>25</b> Total deductions – Add Lines 10 through 24.	230655	.00
<b>2</b> Less: Cost of goods sold and/or operations – Attach schedule.		.00	<b>26</b> Net income from all sources – Subtract Line 25 from Line 9.	2021	.00
<b>3</b> Gross profit – Subtract Line 2 from Line 1C.	232676	.00	<b>27</b> Allocable income from all sources :		
<b>4</b> Gross rents		.00	<b>27A</b> Net rents and royalties from immovable or corporeal movable property		.00
<b>5</b> Gross royalties		.00	<b>27B</b> Royalties from the use of patents, trademarks, etc.		.00
<b>6</b> Income from estates, trusts, partnerships		.00	<b>27C</b> Income from estates, trusts, and partnerships		.00
<b>7</b> Income from construction, repair, etc.		.00	<b>27D</b> Income from construction, repair, etc.		.00
<b>8</b> Other income – Attach schedule.		.00	<b>27E</b> Other allocable income		.00
<b>9</b> Total income – Add Lines 3 through 8.	232676	.00	<b>27F</b> Allocable expenses	( )	.00
<b>10</b> Compensation of officers		.00	<b>27G</b> Net allocable income from all sources		.00
<b>11</b> Salaries and wages (not deducted elsewhere)		.00	<b>28</b> Net income subject to apportionment – Subtract Line 27G from Line 26.	2021	.00
<b>12</b> Repairs		.00	<b>29</b> Net income apportioned to Louisiana	428	.00
<b>13</b> Bad debts		.00	<b>30</b> Allocable income from Louisiana sources:		
<b>14</b> Rent		.00	<b>30A</b> Net rents and royalties from immovable or corporeal movable property		.00
<b>15</b> Taxes and licenses – Attach schedule. See Statement 3	10720	.00	<b>30B</b> Royalties from the use of patents, trademarks, etc.		.00
<b>16</b> Interest		.00	<b>30C</b> Income from estates, trusts, and partnerships		.00
<b>17</b> Charitable Contributions		.00	<b>30D</b> Income from construction, repair, etc.		.00
<b>18</b> Depreciation – Attach schedule.		.00	<b>30E</b> Other allocable income		.00
<b>19</b> Depletion – Attach schedule.		.00	<b>30F</b> Allocable expenses	( )	.00
<b>20</b> Advertising		.00	<b>30G</b> Net allocable income from Louisiana sources		.00
<b>21</b> Pension, profit sharing, stock bonus, and annuity plans		.00	<b>31</b> Louisiana net income before loss adjustments – Add Line 29 and Line 30G.	428	.00
<b>22</b> Other employee benefit plans		.00			



## Interstate Production Company

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

<b>1</b> Net income per books	-32301	<b>6</b> Total – Add Lines 1 through 5c.	2021
<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	
<b>a</b> Depreciation		<b>c</b> Other – Attach Schedule	
<b>b</b> Depletion	34322	<b>9</b> Total – Add Lines 7 through 8c.	0
<b>c</b> Other – Attach schedule.		<b>10</b> Net income from all sources per return – Subtract Line 9 from Line 6.	2021

**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	128000	128000
<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	1000	1000
<b>9</b> Paid-in or capital surplus	883316	883316
<b>10</b> Surplus reserves – Attach schedule.		
<b>11</b> Earned surplus and undivided profits	-330307	-347549
<b>12</b> Excessive reserves or undervalued assets		
<b>13 Totals – Add Lines 1 through 12.</b>	682310	665068



**Interstate Production Co**  
**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.		<b>Column 1</b>
<b>1</b>	Enter the total net income calculated under federal law before special deductions. <span style="float: right;">x Inc Worksheet</span>	2021
	<b>a</b> Federal disallowed business interest expense (see instructions)	
<b>2</b>	<b>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</b>	<b>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	
	<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.	
<b>4</b>	Louisiana net income from all sources – The amount should agree with Schedule D, Line 25.	2021



**Interstate Production Co**

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	1000
Preferred Stock	
<b>13</b> Paid-in or capital surplus – Include items of paid-in capital in excess of par value	883316
<b>14</b> Surplus reserves – Attach schedule	
<b>15</b> Earned surplus and undivided profits	-347549
<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>536767</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 Co

Schedule H – Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1 End of year	2 End of year
1 Cash	161109	
2 Notes and accounts receivable	18000	
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	485959	
7 Loans to stockholders		
8 Other intangible assets – Attach schedule		
9 Accumulated depreciation	( )	( )
10 Total intangible assets – Add Lines 1-9	665068	
11 Inventories		
12 Buildings and other depreciable assets	266034	
13 Accumulated depreciation	( 266034 )	( )
14 Depletable assets	412462	
15 Accumulated depletion	( 412462 )	( )
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	665068	
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	232676	49254	
<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"/>	232676	49254	21.17 %
<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			21.17 %
<b>4</b> Average of percents – Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			10.59 %



**Interstate Production Co**

<b>Schedule J – Calculation of Income Tax</b>			
<b>1</b> 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"/>	363
<b>2</b> Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
<b>a</b> First \$50,000 of net taxable income	363	x 3.5%=	13
<b>b</b> Next \$100,000		x 5.5%=	
<b>c</b> Over \$150,000		x 7.5%=	
<b>3</b> Add the amounts in Column 1, Lines 2a through 2c and enter the result.	363		
<b>4</b> 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.			13

<b>Schedule J-1 – Pass-Through Entity Tax Election Calculation of Income Tax</b>			
<b>1</b> 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"/>	
<b>2</b> Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
<b>a</b> First \$25,000 of net taxable income		x 1.85%=	
<b>b</b> Next \$75,000		x 3.5%=	
<b>c</b> Over \$100,000		x 4.25%=	
<b>3</b> Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
<b>4</b> 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.			

<b>Schedule K – Summary of Estimated Tax Payments</b>				
	<b>Check number</b>	<b>Date</b>	<b>Income Tax Amount</b>	<b>Franchise Tax Amount</b>
<b>1</b> Credit from prior year return			501	
<b>2</b> First quarter estimated payment				
<b>3</b> Second quarter estimated payment				
<b>4</b> Third quarter estimated payment				
<b>5</b> Fourth quarter estimated payment				
<b>6</b> Amount of extension payment				



Interstate Production Co

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"/>	56844
2 Enter the amount of Line 1 or \$300,000, whichever is less.	56844
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	-330307	b Stock	
2 Net income per books	-32301	c Property	
3 Other increases –Att. sch.		6 Other decreases – Attach schedule.	
4 Total – Add Lines 1, 2, and 3.	-362608	7 Total – Add Lines 5a through 6.	19262
5 Distributions: a Cash	19262	8 Balance at end of year – Subtract Line 7 from Line 4.	-347549

Schedule N – Additional Information Required	
1 Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.  Louisiana:  _____  _____  OIL & GAS PRODUCTION OIL & GAS  Elsewhere:  _____  _____  OIL & GAS PRODUCTION OIL & GAS	2 Indicate the date and state of incorporation. <u>05261981 TX</u> 3 Indicate parishes in which property is located.  _____  _____  _____  _____  _____



**Calculation of Corporate Taxable Income Worksheet**  
(Form 1120 Computation)

Name of Corporation

Louisiana Revenue Account Number

Interstate Production Company

6446686001

INCOME	1	Gross receipts or sales. Less returns and allowances.....▶	1	232,676.
	2	Cost of goods sold.....	2	
	3	Gross profit. Subtract line 2 from line 1.....	3	232,676.
	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	232,676.
DEDUCTIONS	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	10,720.
	18	Interest.....	18	
	19	Charitable contributions (10% limitation).....	19	
	20	Depreciation.....	20	
	21	Depletion.....	21	
	22	Advertising.....	22	
	23	Pension, profit-sharing, etc., plans.....	23	
	24	Employee benefit programs.....	24	
	25	Energy efficient commercial buildings deduction.....	25	
	26	Other deductions (attach schedule)..... Stm. 7..	26	219,935.
	27	<b>Total deductions.</b> Add lines 12 through 26.....▶	27	230,655.
		28	<b>Corporate Taxable income.</b> Subtract line 27 from line 11.....	28

Interstate Production Company

6446686001

**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.	
Amount Utilized in 12/2022		231.	
Total Utilization.....	\$	1,056.	
Federal Tax Refund Applicable to Loss.....	\$		0.
Available for Carryover to 2023.....	\$		90.
Total Net Operating Loss Carryforward.....	\$		90.

**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**

Licenses and Permits.....	\$	2,324.
Production Taxes (Oil & Gas).....		8,396.
Total	\$	10,720.

**Statement 4**  
**Form CIFT-620, Computation of LA Net Income, Line 24**  
**Other Deductions**

Bank Charges.....	\$	15.
Dues and Subscriptions.....		26,200.
Legal and Professional.....		17,452.
Miscellaneous.....		45.
Operating Expense (Oil & Gas).....		171,335.
Outside Services.....		4,500.
Postage.....		388.
Total	\$	219,935.

Interstate Production Company

6446686001

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

	<u>Beginning</u>	<u>Ending</u>
Loan from Shareholder.....	\$ 128,000.	\$ 128,000.
Total	<u>\$ 128,000.</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.....	\$	15.
Dues and Subscriptions.....		26,200.
Legal and Professional.....		17,452.
Miscellaneous.....		45.
Operating Expense (Oil & Gas).....		171,335.
Outside Services.....		4,500.
Postage.....		388.
Total	\$	<u>219,935.</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	27,656	740		20,365						6,551
1	Kansas	Primary Oil	90,619			66,729						23,890
4	Louisiana	Primary Oil	49,254	6,176		36,269						6,809
5	Arkansas	Primary Oil	34,939	627		25,728						8,584
2	Oklahoma	Primary Oil	30,208	853		22,244						7,111
Totals: Trade or Business Income			232,676	8,396	0	171,335	0	0	0	0	0	52,945
Grand Totals			232,676	8,396	0	171,335	0	0	0	0	0	52,945

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



# 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.

2023

FORM EF

For calendar year 2023 or tax year beginning	1/01	, 2023 and ending	12/31	, 20	23
Name of Entity	INTERSTATE PRODUCTION COMPANY		Federal Employer Identification Number	431231307	

## 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 30 or 25)		00
Form 512-S:	A	Nonresident share of taxable income (Form 512-S, line 1)	3632	00
	B	Refund or balance due (Form 512-S, line 30 or 25)	173	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  
2023



FOR INFORMATIONAL PURPOSES ONLY – MUST BE FILED ELECTRONICALLY

For the year January 1 - December 31, 2023, or other taxable year beginning:  2023 ending:

Name of Corporation	Federal Employer Identification Number	Business Code Number		
INTERSTATE PRODUCTION COMPANY	431231307	211120		
Street Address				
2901 VERONA				
City	State or Province	Country	ZIP or Foreign Postal Code	
MISSION HILLS	KS		66208	
Date of Incorporation	Under the Laws Of	County in Which Located	Type of Business	Extension - If you have applied for an extension from the IRS, place an 'X' here and provide a copy. <input type="checkbox"/>
5/26/1981	TEXAS		OIL GAS PROD	

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.

1a	Nonresident share of income from Page 8, Part 5, line 14.....	1a	<input type="text"/>	<input type="text"/>	0	00
1b	Nonresident share of Okla. capital gain deduction (provide Form (s) 561-S) .....	1b	<input type="text"/>	<input type="text"/>		00
1c	Nonresident share of deductions (see instructions).....	1c	<input type="text"/>	<input type="text"/>		00
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box..... <input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	3632	00

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

2a	Nonresident Oklahoma tax (4% of line 1).....	2a	<input type="text"/>	<input type="text"/>		00
2b	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23).....	2b	<input type="text"/>	<input type="text"/>	173	00
2c	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23).....	2c	<input type="text"/>	<input type="text"/>		00
2	Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="text"/>	2	<input type="text"/>	<input type="text"/>	173	00
3	Other Credits Form (see instructions) (provide Form 511-CR)..... <input type="text"/>	3	<input type="text"/>	<input type="text"/>		00
4	Balance of tax due (line 2 minus line 3, but not less than zero).....	4	<input type="text"/>	<input type="text"/>	173	00



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

Name Shown on Form 512-S:  
**INTERSTATE PRODUCTION COMPANY**

FEIN:  
**431231307**

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

Amount from line 4 on page 1 173 00

<b>5</b>	2023 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) .....	<b>5</b>		00
<b>6</b>	Amount paid with extension request .....	<b>6</b>		00
<b>7</b>	Oklahoma withholding ( <b>provide</b> Form 1099, 500-A, 500-B or other withholding statement) .....	<b>7</b>		00
<b>8</b>	Refundable Credit from Form 578 .....	<b>8</b>		00
<b>9</b>	Amount paid with original return and amount paid after it was filed (amended return only) .....	<b>9</b>		00
<b>10</b>	Any refunds or overpayment applied (amended return only) .....	<b>10</b>	(	)00
<b>11</b>	Total of lines 5 through 10 .....	<b>11</b>		00
<b>12</b>	Overpayment (line 11 minus line 4) .....	<b>12</b>		0 00
<b>13</b>	Tax Due (line 4 minus line 11) .....	<b>13</b>		173 00
<b>14</b>	Underpayment of estimated tax interest .....	<b>14</b>		00
<b>15</b>	<b>For delinquent payment</b> add penalty of 5% .....	<b>15</b>		00
<b>16</b>	Total tax, penalty and interest (add lines 13 - 15) .....	<b>16</b>		173 00

**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 17 - 24, use the figures from page 10, lines 12-19.

<b>17</b>	Tax .....	<b>17</b>		00
<b>18</b>	Registered Agents Fee .....	<b>18</b>		00
<b>19</b>	Interest .....	<b>19</b>		00
<b>20</b>	Penalty .....	<b>20</b>		00
<b>21</b>	Reinstatement Fee .....	<b>21</b>		00
<b>22</b>	Previous Payment .....	<b>22</b>	(	)00
<b>23</b>	Overpayment .....	<b>23</b>		00
<b>24</b>	Total Due .....	<b>24</b>		00



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

Name Shown on Form 512-S:  
**INTERSTATE PRODUCTION COMPANY**

FEIN:  
**431231307**

**SECTION THREE: TOTAL**

All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 25. If there is a net overpayment, complete lines 26-30.

<b>Balance Due</b>			
25	Total Balance Due	Balance Due	25 <input type="text" value="173"/> <input type="text" value="00"/>
<b>Overpayment</b>			
26	Total Overpayment	26	<input type="text" value=""/> <input type="text" value="00"/>
27	Amount of line 26 to be credited to 2024 estimated income tax (original return only)	27	<input type="text" value=""/> <input type="text" value="00"/>

Line 28 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 28 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.

28	Donations from your refund	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____	28	<input type="text" value=""/> <input type="text" value="00"/>
29	Total (add lines 27 and 28)		29	<input type="text" value=""/> <input type="text" value="00"/>
30	Amount of line 26 to be refunded to you (line 26 minus line 29)	Refund	30	<input type="text" value=""/> <input type="text" value="00"/>

<p><b>Direct Deposit Note:</b> →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 17 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 C		RICKW@WALSHBURN.COM	
				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:  
**431231307**

**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>30208</u>		
	b Minus returns and allowances . . . . . \$ _____	232676 00	1
2	Cost of goods sold and/or operations . . . . .	00	2
3	Gross profit (subtract line 2 from line 1) . . . . .	232676 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) . . . . .	232676 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 . . . . .	10720 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) . . . . .	219935 00	19
20	<b>Total deductions</b> (add lines 7 through 19) . . . . .	230655 00	20
21	<b>Ordinary Income (Loss) from trade or business:</b> Subtract line 20 from line 6. Enter here and on Part 3, line 1 . . . . .	2021 00	21



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

Name Shown on Form 512-S:  
**INTERSTATE PRODUCTION COMPANY**

FEIN:  
**431231307**

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

**INCOME (LINES 1 THROUGH 11)**

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

Column A As reported on Federal Return		Column B Total applicable to Oklahoma	
2021	00	1	00
	00	2	00
	00	3	00
	00	4a	00
		4b	00
	00	4c	00
	00	4d	00
	00	5	00
	00	6	00
	00	7	00
	00	8	00
	00	9	00
	00	10	00
2021	00	11	00

**DEDUCTIONS (LINES 12 THROUGH 17)**

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

	00	12	00
	00	13	00
	00	14	00
	00	15	00
	00	16	00
	00	17	00

**TOTAL (LINE 18)**

<b>18</b>	Net distributable income (line 11 minus line 17).....
-----------	---

2021	00	18	3805	00
------	----	----	------	----

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



Name Shown on Form 512-S:  
 INTERSTATE PRODUCTION COMPANY

FEIN:  
 431231307

**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. ....		<b>1</b>	2021
<b>2</b>	Add:	<b>a</b>	<b>2a</b>	
		<b>b</b>	<b>2b</b>	
		<b>c</b>	<b>2c</b>	
		<b>d</b>	<b>2d</b>	
<b>3</b>	Deduct all items separately allocated:	<b>a</b>	<b>3a</b>	
		<b>b</b>	<b>3b</b>	
		<b>c</b>	<b>3c</b>	52945
		<b>d</b>	<b>3d</b>	52945
<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).....		<b>4</b>	-50924
<b>5</b>	Oklahoma's portion thereof <u>6.4915</u> %.....		<b>5</b>	-3306
<b>6</b>	Add items separately allocated to Oklahoma:	<b>a</b>	<b>6a</b>	
		<b>b</b>	<b>6b</b>	
		<b>c</b>	<b>6c</b>	
		<b>d</b>	<b>6d</b>	7111
		<b>e</b>	<b>6e</b>	7111
<b>7</b>	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 5, Part 3, Column B, line 18).		<b>7</b>	3805



Name Shown on Form 512-S:  
**INTERSTATE PRODUCTION COMPANY**

FEIN:  
**431231307**

**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>		678496	
	<b>(iii)</b> Land . . . . . <b>1aiii</b>			
	<b>(iv)</b> Total of section "a" . . . . . <b>1aiv</b>		678496	
	<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>	\$	\$ 678496	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>	30208		
	<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>	\$ 30208	\$ 232676	3c 12.9829 %
<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) . . . . . <b>5</b>			12.9829 %
<b>6</b>	Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 5). . . . . <b>6</b>			6.4915 %

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



Name Shown on Form 512-S: <b>INTERSTATE PRODUCTION COMPANY</b>	FEIN: <b>431231307</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: <b>LAURENCE R JONES JR</b>	
		Address: <b>2901 VERONA</b>	
		City, State, ZIP: <b>MISSION HILLS KS 66208</b>	
<b>2</b>	SSN or FEIN	<b>388387434</b>	
<b>3</b>	Ownership Percentage	<b>100</b>	
<b>4</b>	Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	<b>2021</b>	
<b>5</b>	Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)	<b>3805</b>	
<b>6</b>	Oil and Gas Depletion (Federal)	<b>34322</b>	
<b>7</b>	Oil and Gas Depletion (Oklahoma)		
<b>8</b>	Amount of Credit		
<b>9</b>	Type of Credit		
<b>10</b>	Amount of Withholding		
<b>11</b>	Type of Withholding		

**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 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. ....	\$
--	----

**\*\*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.**



# Oklahoma Pass-Through Entity Tax Supplement



**NOTE: If there are more than 15 members, use Form 587-PTE-SUP to enter additional members. Use as many Form 587-PTE-SUP as needed.**

**FORM 587-PTE** 2023

Name as shown on return  INTERSTATE PRODUCTION COMPANY	Federal Employer Identification Number (FEIN)  431231307
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**General Information**

Use Part 1 to compute tax on members who are individuals, trusts or estates taxed at a 4.75% rate.  
Use Part 2 to compute tax on members who are corporations, S corporations and partnerships taxed at a 4% rate.  
Use Part 3 to determine total Oklahoma Taxable Income to carry to Form 514 or 512-S.

**PART 1 - COMPUTE TAX ON MEMBERS WHO ARE INDIVIDUALS, TRUSTS OR ESTATES TAXED AT A 4.75% RATE**

	A	B	C	D
	FEIN/SSN	Oklahoma Distributive Income from Form 514 or 512-S (see instructions)	Oklahoma Capital Gain Deduction (Form 561-PTE X member's ownership %)	Net Oklahoma Distributive Income (Column B minus Column C)
1	388387434	3805		3805
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

<b>16</b>	Enter the total from Supplemental Schedule(s), Form 587-PTE-SUP, Part 1 Columns C and D .....	
<b>17</b>	Total of Part 1, Columns C and D .....	3805
<b>18</b>	Enter the net entity loss carried back or carried forward by the electing PTE for Oklahoma income tax purposes .....	
<b>19</b>	If line 17 is positive, subtract line 18 from line 17; otherwise enter "0" .....	3805
<b>20</b>	Accrued Oklahoma Tax (If line 19 is positive and Form 514 or 512-S, Part 4 was completed, divide line 19 by the number 22.0526; otherwise enter "0"). If claiming nonrefundable credits, see the instructions .....	173
<b>21</b>	Oklahoma Taxable Income - Subtract line 20 from line 19 (Enter here and on Part 3, line 1) .....	3632
<b>22</b>	Income Tax Rate .....	4.75%
<b>23</b>	Oklahoma Tax. Multiply line 21 by line 22. (Enter here and on Form 514, line 2b or Form 512-S, line 2b) .....	173



# Oklahoma Pass-Through Entity Tax Supplement

<b>PART 2 - COMPUTE TAX ON MEMBERS WHO ARE CORPORATIONS, S CORPORATIONS AND PARTNERSHIPS TAXED AT A 4% RATE</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
FEIN	Oklahoma Distributive Income from Form 514 or 512-S (see instructions)	Oklahoma Capital Gain Deduction (Form 561-PTE X member's ownership %)	Net Oklahoma Distributive Income (Column B minus Column C)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

<b>16</b>	Enter the total from Supplemental Schedule(s), Form 587-PTE-SUP, Part 2 Columns C and D.....	
<b>17</b>	Total of Part 2, Columns C and D.....	
<b>18</b>	Enter the net entity loss carried back or carried forward by the electing PTE for Oklahoma income tax purposes.....	
<b>19</b>	If line 17 is positive, subtract line 18 from line 17; otherwise enter "0".....	0
<b>20</b>	Accrued Oklahoma Tax (If line 19 is positive and Form 514 or 512-S, Part 4 was completed, divide line 19 by 26; otherwise enter "0"). If claiming nonrefundable credits, see the instructions.....	0
<b>21</b>	Oklahoma Taxable Income - Subtract line 20 from line 19. (Enter here and on Part 3, line 2).....	
<b>22</b>	Income Tax Rate.....	4%
<b>23</b>	Oklahoma Tax. Multiply line 21 by line 22. (Enter here and on Form 514, line 2c or Form 512-S, line 2c).....	

## PART 3 - TOTAL OKLAHOMA TAXABLE INCOME FROM PARTS 1 AND 2

		<b>Oklahoma Taxable Income</b>
<b>1</b>	Enter the amount from Part 1, line 21.....	3632
<b>2</b>	Enter the amount from Part 2, line 21.....	
<b>3</b>	Total Oklahoma Taxable Income (Add lines 1 and 2, enter here and on Form 514, line 1 or Form 512-S, line 1).....	3632



● Do not fold, staple, or paper clip

**Detach Here and Return Voucher with Payment**

● Do not tear or cut below line

ITI-C

**State of Oklahoma  
Business Filers Income Tax Payment Voucher**

FORM **EF-V** 2023



This form is for Business filers completing Form 512, 512-S, 513, 513-NR or 514. Corporations electing to file a combined income and franchise tax return should use this form when the "Total Balance Due" is income tax, franchise tax or both. Individual filers completing Form 511 or 511-NR should use Form 511-V.

For calendar year 2023 or tax year beginning  , 2023 and ending  , 20  .

Name of Entity <b>INTERSTATE PRODUCTION COMPANY</b>	Federal Employer Identification Number <b>431231307</b>
--	--

Address <b>2901 VERONA</b>	City, State, ZIP <b>MISSION HILLS KS 66208</b>	Daytime Phone Number <b>816 728-7904</b>
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Do **not** enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission  
PO Box 26890  
Oklahoma City, OK 73126-0890

Balance Due \$

Amount of Payment \$

● Do not fold, staple, or paper clip

**Detach Here and Return Voucher with Payment**

● Do not tear or cut below line

ITI-C

# State of Oklahoma Business Filers Income Tax Payment Voucher

FORM **EF-V** 2023



This form is for Business filers completing Form 512, 512-S, 513, 513-NR or 514. Corporations electing to file a combined income and franchise tax return should use this form when the "Total Balance Due" is income tax, franchise tax or both. Individual filers completing Form 511 or 511-NR should use Form 511-V.

For calendar year 2023 or tax year beginning  , 2023 and ending  , 20  .

Name of Entity <b>INTERSTATE PRODUCTION COMPANY</b>	Federal Employer Identification Number <b>431231307</b>
--	--

Address <b>2901 VERONA</b>	City, State, ZIP <b>MISSION HILLS KS 66208</b>	Daytime Phone Number <b>816 728-7904</b>
-------------------------------	---	---

Do **not** enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission  
PO Box 26890  
Oklahoma City, OK 73126-0890

Balance Due \$

Amount of Payment \$

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

Oil and Gas Production.....	\$	52,945.
Total	\$	<u>52,945.</u>

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

Oil and Gas Production.....	\$	7,111.
Total	\$	<u>7,111.</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
2	Oklahoma	Primary Oil	30,208	853		22,244						7,111
Totals: Trade or Business Income			30,208	853	0	22,244	0	0	0	0	0	7,111
Grand Totals			30,208	853	0	22,244	0	0	0	0	0	7,111

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

# 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

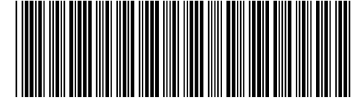
<b>■ Taxpayer number</b> 14312313076	<b>■ Report year</b> 2024	<b>Due date</b> 05/15/2024	<b>You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 800-252-1381.</b>
---	------------------------------	-------------------------------	--

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

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



1431231307624

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

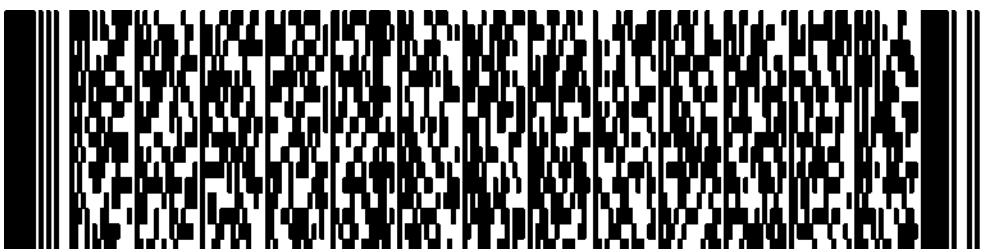
Office:	City	State	ZIP Code
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and 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"/>	
PM Date				



**K-9**

(7-22)

**KANSAS**

005

156222

**STATEMENT OF PARTNERSHIP or S CORPORATE TAX PAID  
REPORT FOR THOSE ELECTING TO PAY INCOME TAX ON THE K-120S**TAX YEAR ENDING DATE OF PARTNERSHIP, S CORPORATION, LLC OR LLP 12312023

<b>PART A – ENTITY INFORMATION</b>					
Name of Partnership, S Corporation, LLC OR LLP Interstate Production Company			Employer ID Number (EIN) 43-1231307		
Street Address 2901 Verona			Type of Ownership: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation		
City Mission Hills, KS 66208		State	Zip	<input type="checkbox"/> LLC <input type="checkbox"/> LLP	
<input type="checkbox"/> Other (specify): _____					
<b>PART B – OWNER INFORMATION</b>					
Name LAURENCE R. JONES, JR.			Social Security Number or EIN of Owner 388-38-7434		
Street Address 2901 VERONA			Partner Type of Ownership: <input type="checkbox"/> Resident Individual		
City MISSION HILLS, KS 66208		State	Zip	<input type="checkbox"/> Nonresident Individual	
<input type="checkbox"/> Fiduciary					
<b>PART C – TAXABLE INCOME INFORMATION TO BE CLAIMED ON THE K-41 OR K-40 (See instructions)</b>					
Kansas Taxable Income	Kansas Tax @ 5.7%	Nonrefundable Credits	Balance	Refundable Credits	Net Tax
2021.	115.	0.	115.	0.	115.

KSPA0501L 11/17/22

