





## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.













| SALES FACTOR                  | Apportionment Summary Worksheet |            |            | 2024           |
|-------------------------------|---------------------------------|------------|------------|----------------|
| INTERSTATE PRODUCTION COMPANY |                                 |            |            | 43-1231307     |
|                               | WITHIN                          | EVERYWHERE | UNWEIGHTED | WEIGHTED       |
| Alabama .....                 |                                 |            |            |                |
| Alaska .....                  |                                 |            |            |                |
| Arizona .....                 |                                 |            |            |                |
| Arkansas .....                | 22,601.                         | 193,491.   | .116806    |                |
| California .....              |                                 |            |            |                |
| Colorado .....                |                                 |            |            |                |
| Connecticut .....             |                                 |            |            |                |
| Delaware .....                |                                 |            |            |                |
| District of Columbia .....    |                                 |            |            |                |
| Florida .....                 |                                 |            |            |                |
| Georgia .....                 |                                 |            |            |                |
| Hawaii .....                  |                                 |            |            |                |
| Idaho .....                   |                                 |            |            |                |
| Illinois .....                |                                 |            |            |                |
| Indiana .....                 |                                 |            |            |                |
| Iowa .....                    |                                 |            |            |                |
| Kansas .....                  |                                 |            | .436093    | .436093        |
| Kentucky .....                |                                 |            |            |                |
| Louisiana .....               | 40,489.                         | 193,491.   | .209300    | .209300        |
| Maine .....                   |                                 |            |            |                |
| Maryland .....                |                                 |            |            |                |
| Massachusetts .....           |                                 |            |            |                |
| Michigan .....                |                                 |            |            |                |
| Minnesota .....               |                                 |            |            |                |
| Mississippi .....             |                                 |            |            |                |
| Missouri .....                |                                 |            |            |                |
| Montana .....                 |                                 |            |            |                |
| Nebraska .....                |                                 |            |            |                |
| Nevada .....                  |                                 |            |            |                |
| New Hampshire .....           |                                 |            |            |                |
| New Jersey .....              |                                 |            |            |                |
| New Mexico .....              |                                 |            |            |                |
| New York .....                |                                 |            |            |                |
| North Carolina .....          |                                 |            |            |                |
| North Dakota .....            |                                 |            |            |                |
| Ohio .....                    |                                 |            |            |                |
| Oklahoma .....                | 14,693.                         | 193,491.   | .075940    | .075940        |
| Oregon .....                  |                                 |            |            |                |
| Pennsylvania .....            |                                 |            |            |                |
| Rhode Island .....            |                                 |            |            |                |
| South Carolina .....          |                                 |            |            |                |
| South Dakota .....            |                                 |            |            |                |
| Tennessee .....               |                                 |            |            |                |
| Texas .....                   | 30,928.                         | 193,491.   | .159800    | .159800        |
| Utah .....                    |                                 |            |            |                |
| Vermont .....                 |                                 |            |            |                |
| Virginia .....                |                                 |            |            |                |
| Washington .....              |                                 |            |            |                |
| West Virginia .....           |                                 |            |            |                |
| Wisconsin .....               |                                 |            |            |                |
| Wyoming .....                 |                                 |            |            |                |
| Foreign .....                 |                                 |            |            |                |
| Other .....                   |                                 |            |            |                |
| <b>Total</b> .....            | <b>N/A</b>                      | <b>N/A</b> | <b>N/A</b> | <b>.881133</b> |

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04-01-24

|                                     | WITHIN | EVERYWHERE | UNWEIGHTED | WEIGHTED |
|-------------------------------------|--------|------------|------------|----------|
| * Albion .....                      |        |            |            |          |
| * Battle Creek .....                |        |            |            |          |
| * Benton Harbor .....               |        |            |            |          |
| * Big Rapids .....                  |        |            |            |          |
| * Detroit .....                     |        |            |            |          |
| * East Lansing .....                |        |            |            |          |
| * Flint .....                       |        |            |            |          |
| * Grand Rapids .....                |        |            |            |          |
| * Grayling .....                    |        |            |            |          |
| * Hamtramck .....                   |        |            |            |          |
| * Highland Park .....               |        |            |            |          |
| * Hudson .....                      |        |            |            |          |
| * Ionia .....                       |        |            |            |          |
| * Jackson .....                     |        |            |            |          |
| * Lansing .....                     |        |            |            |          |
| * Lapeer .....                      |        |            |            |          |
| * Muskegon .....                    |        |            |            |          |
| * Muskegon Heights .....            |        |            |            |          |
| * Pontiac .....                     |        |            |            |          |
| * Port Huron .....                  |        |            |            |          |
| * Portland .....                    |        |            |            |          |
| * Saginaw .....                     |        |            |            |          |
| * Springfield .....                 |        |            |            |          |
| * Walker .....                      |        |            |            |          |
| * New York City .....               |        |            |            |          |
| * New York- MCTD1 .....             |        |            |            |          |
| * New York- MCTD2 (1065 only) ..... |        |            |            |          |

\* Not included in everywhere totals

|                               |            |
|-------------------------------|------------|
| INTERSTATE PRODUCTION COMPANY | 43-1231307 |
|-------------------------------|------------|

| SUMMARY OF FACTORS         | PROPERTY | PAYROLL | SALES          | APPORTIONMENT  |
|----------------------------|----------|---------|----------------|----------------|
| Alabama .....              |          |         |                |                |
| Alaska .....               |          |         |                |                |
| Arizona .....              |          |         |                |                |
| Arkansas .....             |          |         |                | .116806        |
| California .....           |          |         |                |                |
| Colorado .....             |          |         |                |                |
| Connecticut .....          |          |         |                |                |
| Delaware .....             |          |         |                |                |
| District of Columbia ..... |          |         |                |                |
| Florida .....              |          |         |                |                |
| Georgia .....              |          |         |                |                |
| Hawaii .....               |          |         |                |                |
| Idaho .....                |          |         |                |                |
| Illinois .....             |          |         |                |                |
| Indiana .....              |          |         |                |                |
| Iowa .....                 |          |         |                |                |
| Kansas .....               |          |         | .436093        | .436093        |
| Kentucky .....             |          |         |                |                |
| Louisiana .....            |          |         | .209300        | .209300        |
| Maine .....                |          |         |                |                |
| Maryland .....             |          |         |                |                |
| Massachusetts .....        |          |         |                |                |
| Michigan .....             |          |         |                |                |
| Minnesota .....            |          |         |                |                |
| Mississippi .....          |          |         |                |                |
| Missouri .....             |          |         |                |                |
| Montana .....              |          |         |                |                |
| Nebraska .....             |          |         |                |                |
| Nevada .....               |          |         |                |                |
| New Hampshire .....        |          |         |                |                |
| New Jersey .....           |          |         |                |                |
| New Mexico .....           |          |         |                |                |
| New York .....             |          |         |                |                |
| North Carolina .....       |          |         |                |                |
| North Dakota .....         |          |         |                |                |
| Ohio .....                 |          |         |                |                |
| Oklahoma .....             |          |         | .075940        | .075940        |
| Oregon .....               |          |         |                |                |
| Pennsylvania .....         |          |         |                |                |
| Rhode Island .....         |          |         |                |                |
| South Carolina .....       |          |         |                |                |
| South Dakota .....         |          |         |                |                |
| Tennessee .....            |          |         |                |                |
| Texas .....                |          |         | .159800        | .159800        |
| Utah .....                 |          |         |                |                |
| Vermont .....              |          |         |                |                |
| Virginia .....             |          |         |                |                |
| Washington .....           |          |         |                |                |
| West Virginia .....        |          |         |                |                |
| Wisconsin .....            |          |         |                |                |
| Wyoming .....              |          |         |                |                |
| Foreign .....              |          |         |                |                |
| Other .....                |          |         |                |                |
| <b>Total</b> .....         |          |         | <b>.881133</b> | <b>.997939</b> |

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04-01-24

|                               |            |
|-------------------------------|------------|
| INTERSTATE PRODUCTION COMPANY | 43-1231307 |
|-------------------------------|------------|

**SUMMARY OF FACTORS**

|                                     | PROPERTY | PAYROLL | SALES | APPORTIONMENT |
|-------------------------------------|----------|---------|-------|---------------|
| * Albion .....                      |          |         |       |               |
| * Battle Creek .....                |          |         |       |               |
| * Benton Harbor .....               |          |         |       |               |
| * Big Rapids .....                  |          |         |       |               |
| * Detroit .....                     |          |         |       |               |
| * East Lansing .....                |          |         |       |               |
| * Flint .....                       |          |         |       |               |
| * Grand Rapids .....                |          |         |       |               |
| * Grayling .....                    |          |         |       |               |
| * Hamtramck .....                   |          |         |       |               |
| * Highland Park .....               |          |         |       |               |
| * Hudson .....                      |          |         |       |               |
| * Ionia .....                       |          |         |       |               |
| * Jackson .....                     |          |         |       |               |
| * Lansing .....                     |          |         |       |               |
| * Lapeer .....                      |          |         |       |               |
| * Muskegon .....                    |          |         |       |               |
| * Muskegon Heights .....            |          |         |       |               |
| * Pontiac .....                     |          |         |       |               |
| * Port Huron .....                  |          |         |       |               |
| * Portland .....                    |          |         |       |               |
| * Saginaw .....                     |          |         |       |               |
| * Springfield .....                 |          |         |       |               |
| * Walker .....                      |          |         |       |               |
| * New York City .....               |          |         |       |               |
| * New York- MCTD1 .....             |          |         |       |               |
| * New York- MCTD2 (1065 only) ..... |          |         |       |               |

\* Not included in everywhere totals



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](http://www.irs.gov/Form1120S) for instructions and the latest information.

**2024**

For calendar year 2024 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>A</b> S election effective date<br><b>01/01/2001</b>                    | Name<br><b>INTERSTATE PRODUCTION COMPANY</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2901 VERONA</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MISSION HILLS, KS 66208</b> | <b>D</b> Employer identification number<br><b>43-1231307</b>   |
| <b>B</b> Business activity code number (see instructions)<br><b>211120</b> |  | <b>E</b> Date incorporated<br><b>05/26/1981</b>                |
| <b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>               |  | <b>F</b> Total assets (see instructions)<br><b>\$ 696,560.</b> |

**G** Is the corporation electing to be an S corporation beginning with this tax year?  Yes  No

**H** Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  S election termination

**I** Enter the number of shareholders 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.

|  |   |            |                 |
|--|---|------------|-----------------|
| <b>Income</b>  | <b>1 a</b> Gross receipts or sales <b>165,875.</b> <b>b</b> Less return and allowances _____ <b>c</b> Balance   | <b>1c</b>  | <b>165,875.</b> |
|  | <b>2</b> Cost of goods sold (attach Form 1125-A)  | <b>2</b>   |                 |
|  | <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>3</b>   | <b>165,875.</b> |
|  | <b>4</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)                                    | <b>4</b>   |                 |
|  | <b>5</b> Other income (loss) (attach statement)   | <b>5</b>   |                 |
|  | <b>6 Total income (loss).</b> Add lines 3 through 5   | <b>6</b>   | <b>165,875.</b> |
| <b>Deductions</b> (see instructions for limitations)   | <b>7</b> Compensation of officers (see instrs. - attach Form 1125-E)  | <b>7</b>   |                 |
|  | <b>8</b> Salaries and wages (less employment credits)   | <b>8</b>   |                 |
|  | <b>9</b> Repairs and maintenance  | <b>9</b>   |                 |
|  | <b>10</b> Bad debts   | <b>10</b>  |                 |
|  | <b>11</b> Rents   | <b>11</b>  |                 |
|  | <b>12</b> Taxes and licenses <b>STATEMENT 1</b>   | <b>12</b>  | <b>6,136.</b>   |
|  | <b>13</b> Interest (see instructions)   | <b>13</b>  |                 |
|  | <b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)      | <b>14</b>  |                 |
|  | <b>15</b> Depletion ( <b>do not deduct oil and gas depletion.</b> )   | <b>15</b>  |                 |
|  | <b>16</b> Advertising   | <b>16</b>  |                 |
|  | <b>17</b> Pension, profit-sharing, etc., plans  | <b>17</b>  |                 |
|  | <b>18</b> Employee benefit programs   | <b>18</b>  |                 |
|  | <b>19</b> Energy efficient commercial buildings deduction (attach Form 7205)                                    | <b>19</b>  |                 |
|  | <b>20</b> Other deductions (attach statement) <b>STATEMENT 2</b>  | <b>20</b>  | <b>169,440.</b> |
|  | <b>21 Total deductions.</b> Add lines 7 through 20  | <b>21</b>  | <b>175,576.</b> |
|  | <b>22 Ordinary business income (loss).</b> Subtract line 21 from line 6   | <b>22</b>  | <b>-9,701.</b>  |
| <b>Tax and Payments</b>  | <b>23 a</b> Excess net passive income or LIFO recapture tax (see instructions)                                  | <b>23a</b> |                 |
|  | <b>b</b> Tax from Schedule D (Form 1120-S)  | <b>23b</b> |                 |
|  | <b>c</b> Add lines 23a and 23b  | <b>23c</b> |                 |
|  | <b>24 a</b> Current year's estimated tax payments and preceding year's overpayment credited to the current year | <b>24a</b> |                 |
|  | <b>b</b> Tax deposited with Form 7004   | <b>24b</b> |                 |
|  | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136)  | <b>24c</b> |                 |
|  | <b>d</b> Elective payment election amount from Form 3800  | <b>24d</b> |                 |
|  | <b>z</b> Add lines 24a through 24d  | <b>24z</b> |                 |
|  | <b>25</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>     | <b>25</b>  |                 |
|  | <b>26 Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed             | <b>26</b>  |                 |
| <b>27 Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid | <b>27</b>   |            |                 |
| <b>28</b> Enter amount from line 27: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>             | <b>28</b>   |            |                 |

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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

|   |   |                         |   |                                  |
|---|---|-------------------------|---|----------------------------------|
| Print/Type preparer's name<br><b>CRAIG A. ADAMSON</b>                   | Preparer's signature<br><b>CRAIG A. ADAMSON</b> | Date<br><b>03/24/25</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00246572</b>         |
| Firm's name<br><b>ADAMSON &amp; COMPANY, LLC</b>                        | Firm's EIN<br><b>45-3980748</b>                 |                         |   | Phone no.<br><b>361-887-8916</b> |
| Firm's address<br><b>4101 S ALAMEDA ST<br/>CORPUS CHRISTI, TX 78411</b> |   |                         |   |                                  |

Schedule B Other Information (see instructions)

- 1 Check accounting method: a Cash b [X] Accrual c Other (specify)
2 See the instructions and enter the: a Business activity OIL AND GAS PRODUCTION b Product or service OIL & GAS
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
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

Table with 5 columns: (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

Table with 5 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Type of Entity, (iv) Country of Organization, (v) Maximum Percentage 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. (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. (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, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction?
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
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
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
10 Does the corporation satisfy one or more of the following? See instructions 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 \$30 million and the corporation has business interest expense. c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).
11 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.

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

| Schedule K Shareholders' Pro Rata Share Items                                 |  | Total amount |          |
|---|--|--------------|----------|
| Income (Loss)   | 1 Ordinary business income (loss) (page 1, line 22) .....  | 1            | -9,701.  |
|   | 2 Net rental real estate income (loss) (attach Form 8825) .....  | 2            |          |
|   | 3 a Other gross rental income (loss) .....   | 3a           |          |
|   | b Expenses from other rental activities (attach statement) .....   | 3b           |          |
|   | c Other net rental income (loss). Subtract line 3b from line 3a .....  | 3c           |          |
|   | 4 Interest income ..... STATEMENT 4  | 4            | 805.     |
|   | 5 Dividends: a Ordinary dividends .....  | 5a           |          |
|   | b Qualified dividends ..... 5b   |              |          |
|   | 6 Royalties .....  | 6            | 47,930.  |
|   | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....   | 7            |          |
| 8 a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) ..... | 8a   |              |          |
|   | b Collectibles (28%) gain (loss) ..... 8b  |              |          |
|   | c Unrecaptured section 1250 gain (attach statement) ..... 8c   |              |          |
| 9 Net section 1231 gain (loss) (attach Form 4797) .....                       | 9  |              |          |
| 10 Other income (loss) (see instructions) ... Type                            | 10   |              |          |
| Deductions  | 11 Section 179 deduction (attach Form 4562) .....  | 11           |          |
|   | 12 a Cash charitable contributions .....   | 12a          |          |
|   | b Noncash charitable contributions .....   | 12b          |          |
|   | c Investment interest expense .....  | 12c          |          |
|   | d Section 59(e)(2) expenditures Type .....<br>e Other deductions (see instructions) Type ..... STATEMENT 3   | 12d<br>12e   | 8,042.   |
| Credits   | 13 a Low-income housing credit (section 42(j)(5)) .....  | 13a          |          |
|   | b Low-income housing credit (other) .....  | 13b          |          |
|   | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....   | 13c          |          |
|   | d Other rental real estate credits (see instructions) Type .....   | 13d          |          |
|   | e Other rental credits (see instructions) Type .....   | 13e          |          |
|   | f Biofuel producer credit (attach Form 6478) .....   | 13f          |          |
|   | g Other credits (see instructions) Type .....  | 13g          |          |
| Inter-national  | 14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance ..... <input type="checkbox"/> |              |          |
| Alternative Minimum Tax (AMT) Items   | 15 a Post-1986 depreciation adjustment .....   | 15a          |          |
|   | b Adjusted gain or loss .....  | 15b          |          |
|   | c Depletion (other than oil and gas) .....   | 15c          |          |
|   | d Oil, gas, and geothermal properties - gross income .....   | 15d          | 165,875. |
|   | e Oil, gas, and geothermal properties - deductions .....   | 15e          | 96,286.  |
|   | f Other AMT items (attach statement) .....   | 15f          |          |
| Items Affecting Shareholder Basis   | 16 a Tax-exempt interest income ..... STATEMENT 5  | 16a          |          |
|   | b Other tax-exempt income .....  | 16b          | 500.     |
|   | c Nondeductible expenses .....   | 16c          |          |
|   | d Distributions (attach statement if required) .....   | 16d          |          |
|   | e Repayment of loans from shareholders .....   | 16e          |          |
|   | f Foreign taxes paid or accrued .....  | 16f          |          |

| <b>Schedule K</b> Shareholders' Pro Rata Share Items <i>(continued)</i> |   | Total amount |             |
|---|---|--------------|-------------|
| <b>Other Information</b>  | 17a Investment income .....   | 17a          | 48,735.     |
|   | b Investment expenses .....   | 17b          | 8,042.      |
|   | c Dividend distributions paid from accumulated earnings and profits .....   | 17c          |             |
|   | d Other items and amounts (att. stmt.) .....  |              | STATEMENT 6 |
| <b>Reconciliation</b>   | <b>18 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 ..... | 18           | 30,992.     |

| <b>Schedule L</b> Balance Sheets per Books  |   | Beginning of tax year |           | End of tax year |           |
|---|---|-----------------------|-----------|-----------------|-----------|
| Assets                                      |   | (a)                   | (b)       | (c)             | (d)       |
| 1   | Cash .....  |                       | 161,109.  |                 | 210,601.  |
| 2 a   | 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 .....                               |                       |           |                 |           |
| 6   | Other current assets (att. stmt.) .....                   |                       |           |                 |           |
| 7   | Loans to shareholders .....                               |                       |           |                 |           |
| 8   | Mortgage and real estate loans .....                      |                       |           |                 |           |
| 9   | Other investments (att. stmt.) .....                      | STATEMENT 7           | 485,959.  |                 | 485,959.  |
| 10 a  | Buildings and other depreciable assets .....              | 266,034.              |           | 266,034.        |           |
| b   | Less accumulated depreciation .....                       | ( 266,034.)           | 0.        | ( 266,034.)     | 0.        |
| 11 a  | Depletable assets .....                                   | 412,612.              |           | 412,612.        |           |
| b   | Less accumulated depletion .....                          | ( 412,612.)           | 0.        | ( 412,612.)     | 0.        |
| 12  | Land (net of any amortization) .....                      |                       |           |                 |           |
| 13 a  | Intangible assets (amortizable only) .....                |                       |           |                 |           |
| b   | Less accumulated amortization .....                       | ( )                   |           | ( )             |           |
| 14  | Other assets (att. stmt.) .....                           |                       |           |                 |           |
| 15  | Total assets .....  |                       | 665,068.  |                 | 696,560.  |
| <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 (att. stmt.) .....              |                       |           |                 |           |
| 19  | Loans from shareholders .....                             |                       | 128,000.  |                 | 128,000.  |
| 20  | Mortgages, notes, bonds payable in 1 year or more .....   |                       |           |                 |           |
| 21  | Other liabilities (att. stmt.) .....                      |                       |           |                 |           |
| 22  | Capital stock .....                                       |                       | 1,000.    |                 | 1,000.    |
| 23  | Additional paid-in capital .....                          |                       | 883,316.  |                 | 883,316.  |
| 24  | Retained earnings .....                                   | STATEMENT 8           | -347,549. |                 | -316,057. |
| 25  | Adjustments to shareholders' equity (att. stmt.) .....    |                       |           |                 |           |
| 26  | Less cost of treasury stock .....                         | ( )                   |           | ( )             |           |
| 27  | Total liabilities and shareholders' equity .....          |                       | 665,068.  |                 | 696,560.  |

**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 .....   | 31,492. | <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>STMT 9</b> .....  | 500.    |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, 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>4</b> Add lines 1 through 3 .....   | 31,492. | <b>7</b> Add lines 5 and 6 .....   | 500.    |
|  |         | <b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4  | 30,992. |

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

|  | (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 .....                        | 485,621.                            |   |                                      |                               |
| <b>2</b> Ordinary income from page 1, line 22 .....                    |                                     |   |                                      |                               |
| <b>3</b> Other additions .....   | 48,735.                             |   | STATEMENT 11                         | 500.                          |
| <b>4</b> Loss from page 1, line 22 .....                               | ( 9,701. )                          |   |                                      |                               |
| <b>5</b> Other reductions .....  | STATEMENT 12 ( 8,042. )             |   |                                      |                               |
| <b>6</b> Combine lines 1 through 5 .....                               | 516,613.                            |   |                                      | 500.                          |
| <b>7</b> Distributions .....   |                                     |   |                                      |                               |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 ..... | 516,613.                            |   |                                      | 500.                          |











Depletion Statement Number:

Description of Depletion Statement: **WORKING INTERESTS**

**DEPLETION TO PAGE 1**

| Prop No. | Property Description       | Cost | Accumulated Depletion | Current Year Payments | Total Estimated Payments | Cost Depletion from Payments | Remaining Basis After Payments | Beginning Res. for Cost | Current Year Production | Cost Depletion Rate | Cost Depletion from Production | Total Cost Depletion |
|----------|----------------------------|------|-----------------------|-----------------------|--------------------------|------------------------------|--------------------------------|-------------------------|-------------------------|---------------------|--------------------------------|----------------------|
| 4        | CAMTERRA RESOURCES INC     |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
| 10       | CHS MCPHERSON REFINERY INC |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
| 11       | THE TERMO COMPANY          |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
|          |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |
| Total    |                            |      |                       |                       |                          |                              |                                |                         |                         |                     |                                |                      |

**Schedule of Mineral Interest Properties - Summary**

|   |  |
|---|--|
| Identifying Number 43-1231307             | * Oil, Gas, Geo - Geothermal, Oth - Other Type of Production<br>No letter - Working Interest,<br>R -Royalty, N - Non Oil and Gas |
| Name<br><br>INTERSTATE PRODUCTION COMPANY |  |

| Property Number | Property Description        | * Type of Production | Gross Income | Royalty Paid | Severance Tax | Operating Expense | IDC Expense | Dry Hole Costs | Depreciation | Section 179 Expense | Amortization | * Overhead Expense | Net Income Before Depletion |
|-----------------|-----------------------------|----------------------|--------------|--------------|---------------|-------------------|-------------|----------------|--------------|---------------------|--------------|--------------------|-----------------------------|
| 1               | ATROPOS PRODUCTION CORP     | OIL R                | 1,118.       |              | 7.            | 262.              |             |                |              |                     |              | 8.                 | 841.                        |
| 2               | BREITBURN OPERATING LLP     | OIL R                | 9,737.       |              |               | 645.              |             |                |              |                     |              |                    | 9,092.                      |
| 3               | CAMTERRA RESOURCES INC      | OIL R                | 186.         |              | 2.            | 13.               |             |                |              |                     |              |                    | 171.                        |
| 4               | CAMTERRA RESOURCES INC      | OIL                  | 29,078.      |              | 320.          | 5,928.            |             |                |              |                     |              | 3,483.             | 19,347.                     |
| 9               | BURK ROYALTY CO LTD         | OIL R                | 9,055.       |              | 446.          | 1,985.            |             |                |              |                     |              |                    | 6,624.                      |
| 10              | CHS MCPHERSON REFINERY INC  | OIL                  | 91,631.      |              | 739.          | 207.              |             |                |              |                     |              | 24,425.            | 66,260.                     |
| 11              | THE TERMO COMPANY           | OIL                  | 45,166.      |              | 5,077.        |                   |             |                |              |                     |              | 56,107.            | -16,018.                    |
| 12              | MERIT ENERGY COMPANY-18736  | OIL R                | 1,120.       |              | 17.           | 259.              |             |                |              |                     |              |                    | 844.                        |
| 13              | MERIT ENERGY COMPANY-60531  | OIL R                | 8,828.       |              | 226.          | 3,845.            |             |                |              |                     |              |                    | 4,757.                      |
| 14              | SCOUT ENERGY MANAGEMENT LLC | OIL R                | 9,616.       |              | 60.           | 33.               |             |                |              |                     |              |                    | 9,523.                      |
| 15              | TRIGEO ENERGY LLC           | OIL R                | 366.         |              | 26.           |                   |             |                |              |                     |              |                    | 340.                        |
| <b>TOTALS</b>   |                             |                      | 213,805.     |              | 7,036.        | 13,269.           |             |                |              |                     |              | 84,023.            | 109,477.                    |

| Property Number | Property Description        | % Depletion | % Depletion Limited to Net Income | Daily Production (Barrel) | Quantity Limitation Rate | % Depletion After Quantity Limitation | Cost Depletion | Excess Depletion | Beginning Accum. IDC | Amortized Pref. IDC Expense | * Net Income for Excess IDC Calc. | * Other Expenses | AMT Depreciation Adjustment |
|-----------------|-----------------------------|-------------|-----------------------------------|---------------------------|--------------------------|---------------------------------------|----------------|------------------|----------------------|-----------------------------|-----------------------------------|------------------|-----------------------------|
| 1               | ATROPOS PRODUCTION CORP     | 168.        | 168.                              |                           | 1.000000                 | 168.                                  |                |                  |                      |                             | 673.                              | 8.               |                             |
| 2               | BREITBURN OPERATING LLP     | 1,461.      | 1,461.                            |                           | 1.000000                 | 1,461.                                |                |                  |                      |                             | 7,631.                            |                  |                             |
| 3               | CAMTERRA RESOURCES INC      | 28.         | 28.                               |                           | 1.000000                 | 28.                                   |                |                  |                      |                             | 143.                              |                  |                             |
| 4               | CAMTERRA RESOURCES INC      | 4,362.      | 4,362.                            |                           | 1.000000                 | 4,362.                                |                |                  |                      |                             | 14,985.                           | 3,483.           |                             |
| 9               | BURK ROYALTY CO LTD         | 1,358.      | 1,358.                            |                           | 1.000000                 | 1,358.                                |                |                  |                      |                             | 5,266.                            |                  |                             |
| 10              | CHS MCPHERSON REFINERY INC  | 13,745.     | 13,745.                           |                           | 1.000000                 | 13,745.                               |                |                  |                      |                             | 52,515.                           | 24,425.          |                             |
| 11              | THE TERMO COMPANY           | 6,775.      |                                   |                           | 1.000000                 |                                       |                |                  |                      |                             | -16,018.                          | 56,107.          |                             |
| 12              | MERIT ENERGY COMPANY-18736  | 168.        | 168.                              |                           | 1.000000                 | 168.                                  |                |                  |                      |                             | 676.                              |                  |                             |
| 13              | MERIT ENERGY COMPANY-60531  | 1,324.      | 1,324.                            |                           | 1.000000                 | 1,324.                                |                |                  |                      |                             | 3,433.                            |                  |                             |
| 14              | SCOUT ENERGY MANAGEMENT LLC | 1,442.      | 1,442.                            |                           | 1.000000                 | 1,442.                                |                |                  |                      |                             | 8,081.                            |                  |                             |
| 15              | TRIGEO ENERGY LLC           | 55.         | 55.                               |                           | 1.000000                 | 55.                                   |                |                  |                      |                             | 285.                              |                  |                             |
| <b>TOTALS</b>   |                             | 32,072.     | 25,297.                           |                           |                          | 25,297.                               |                |                  |                      |                             | 84,180.                           | 84,023.          |                             |

| Property Number | Property Description        | Beginning Recoverables | Production | Ending Recoverables | Basis | Beginning Accum. Depletion | Adjusted Basis | Cost Depletion Rate | Cost Depletion | * Tentative Depletion | Ending Accum. Depletion | Excess IDC | * Deductions Allocable to Oil and Gas |
|-----------------|-----------------------------|------------------------|------------|---------------------|-------|----------------------------|----------------|---------------------|----------------|-----------------------|-------------------------|------------|---------------------------------------|
| 1               | ATROPOS PRODUCTION CORP     |                        |            |                     |       |                            |                |                     |                | 168.                  |                         |            | 277.                                  |
| 2               | BREITBURN OPERATING LLP     |                        |            |                     |       |                            |                |                     |                | 1,461.                |                         |            | 645.                                  |
| 3               | CAMTERRA RESOURCES INC      |                        |            |                     |       |                            |                |                     |                | 28.                   |                         |            | 15.                                   |
| 4               | CAMTERRA RESOURCES INC      |                        |            |                     |       |                            |                |                     |                | 4,362.                |                         |            | 9,731.                                |
| 9               | BURK ROYALTY CO LTD         |                        |            |                     |       |                            |                |                     |                | 1,358.                |                         |            | 2,431.                                |
| 10              | CHS MCPHERSON REFINERY INC  |                        |            |                     |       |                            |                |                     |                | 13,745.               |                         |            | 25,371.                               |
| 11              | THE TERMO COMPANY           |                        |            |                     |       |                            |                |                     |                |                       |                         |            | 61,184.                               |
| 12              | MERIT ENERGY COMPANY-18736  |                        |            |                     |       |                            |                |                     |                | 168.                  |                         |            | 276.                                  |
| 13              | MERIT ENERGY COMPANY-60531  |                        |            |                     |       |                            |                |                     |                | 1,324.                |                         |            | 4,071.                                |
| 14              | SCOUT ENERGY MANAGEMENT LLC |                        |            |                     |       |                            |                |                     |                | 1,442.                |                         |            | 93.                                   |
| 15              | TRIGEO ENERGY LLC           |                        |            |                     |       |                            |                |                     |                | 55.                   |                         |            | 26.                                   |
| <b>TOTALS</b>   |                             |                        |            |                     |       |                            |                |                     |                | 25,297.               |                         |            | 104,328.                              |

\* "Tentative Depletion" - Greater of "Percentage Depletion" or "Cost Depletion"  
 \* "Net Income for Excess IDC CALC" - has been reduced by "Tentative Depletion" and "Excess IDC" has been added back.  
 \* "Deductions Allocable to Oil and Gas" - adjusted for Excess IDC and AMT Depreciation Adjustment  
 \* "Overhead Expense" - includes Other Expenses

Total excess Intangible Drilling Cost  
 Less 65% of Net Income for Excess IDC Calculation  
 Excess Intangible Drilling Cost Preference



INTERSTATE PRODUCTION COMPANY

43-1231307

| Depletion |                             | Percentage Depletion Available |                                |                           |                            |            |  | 2024                     |                                |
|-----------|-----------------------------|--------------------------------|--------------------------------|---------------------------|----------------------------|------------|--|--------------------------|--------------------------------|
| Prop No.  | Property Description        | Production Type                | Gross Income Less Royalty Paid | Percentage Depletion Rate | Gross Percentage Depletion | Net Income | Lesser of Net Income or Gross Percentage Depletion | Quantity Limitation Rate | Percentage Depletion Available |
| 1         | ATROPOS PRODUCTION CORP     | PRIMARY OIL                    | 1,118.                         | 0.15                      | 168.                       | 841.       | 168.   | 1.000000                 | 168.                           |
| 2         | BREITBURN OPERATING LLP     | PRIMARY OIL                    | 9,737.                         | 0.15                      | 1,461.                     | 9,092.     | 1,461.   | 1.000000                 | 1,461.                         |
| 3         | CAMTERRA RESOURCES INC      | PRIMARY OIL                    | 186.                           | 0.15                      | 28.                        | 171.       | 28.  | 1.000000                 | 28.                            |
| 4         | CAMTERRA RESOURCES INC      | PRIMARY OIL                    | 29,078.                        | 0.15                      | 4,362.                     | 19,347.    | 4,362.   | 1.000000                 | 4,362.                         |
| 10        | CHS MCPHERSON REFINERY INC  | PRIMARY OIL                    | 91,631.                        | 0.15                      | 13,745.                    | 66,260.    | 13,745.  | 1.000000                 | 13,745.                        |
| 11        | THE TERMO COMPANY           | PRIMARY OIL                    | 45,166.                        | 0.15                      | 6,775.                     | 0.         | 0.   | 1.000000                 |                                |
| 9         | BURK ROYALTY CO LTD         | PRIMARY OIL                    | 9,055.                         | 0.15                      | 1,358.                     | 6,624.     | 1,358.   | 1.000000                 | 1,358.                         |
| 12        | MERIT ENERGY COMPANY-18736  | PRIMARY OIL                    | 1,120.                         | 0.15                      | 168.                       | 844.       | 168.   | 1.000000                 | 168.                           |
| 13        | MERIT ENERGY COMPANY-60531  | PRIMARY OIL                    | 8,828.                         | 0.15                      | 1,324.                     | 4,757.     | 1,324.   | 1.000000                 | 1,324.                         |
| 14        | SCOUT ENERGY MANAGEMENT LLC | PRIMARY OIL                    | 9,616.                         | 0.15                      | 1,442.                     | 9,523.     | 1,442.   | 1.000000                 | 1,442.                         |
| 15        | TRIGEO ENERGY LLC           | PRIMARY OIL                    | 366.                           | 0.15                      | 55.                        | 340.       | 55.  | 1.000000                 | 55.                            |
| 16        | WINN OPERATING LLC          | PRIMARY OIL                    | 7,800.                         | 0.15                      | 1,170.                     | 7,592.     | 1,170.   | 1.000000                 | 1,170.                         |
| 17        | ATOKA OPERATING             | PRIMARY OIL                    | 44.                            | 0.15                      | 7.                         | 44.        | 7.   | 1.000000                 | 7.                             |
| 18        | RAM OPERATING               | PRIMARY OIL                    | 60.                            | 0.15                      | 9.                         | 60.        | 9.   | 1.000000                 | 9.                             |
|           |                             |                                |                                |                           |                            |            |  |                          |                                |
|           |                             |                                |                                |                           |                            |            |  |                          |                                |

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Interstate Production Company  
2901 Verona  
Mission Hills, KS 66208

Employer Identification Number: 43-1231307

For the Year Ending December 31, 2024

Interstate Production Company is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

| FORM 1120S                             | TAXES AND LICENSES | STATEMENT 1 |
|--|--------------------|-------------|
| DESCRIPTION                            |                    | AMOUNT      |
| TAXES FROM MINERAL INTEREST PROPERTIES |                    | 6,136.      |
| TOTAL TO FORM 1120S, PAGE 1, LINE 12   |                    | 6,136.      |

| FORM 1120S                                  | OTHER DEDUCTIONS | STATEMENT 2 |
|---|------------------|-------------|
| DESCRIPTION                                 |                  | AMOUNT      |
| BANK CHARGES                                |                  | 60.         |
| DUES AND SUBSCRIPTIONS                      |                  | 26,955.     |
| MISCELLANEOUS                               |                  | 4,275.      |
| OPERATING EXPENSE FROM DEPLETION PROPERTIES |                  | 6,135.      |
| OTHER EXPENSES FROM DEPLETION PROPERTIES    |                  | 84,015.     |
| OUTSIDE SERVICES                            |                  | 48,000.     |
| TOTAL TO FORM 1120S, PAGE 1, LINE 20        |                  | 169,440.    |

| SCHEDULE K                                     | OTHER DEDUCTIONS | STATEMENT 3 |
|--|------------------|-------------|
| DESCRIPTION                                    |                  | AMOUNT      |
| PORTFOLIO DEDUCTIONS RELATED TO ROYALTY INCOME |                  | 8,042.      |
| TOTAL TO SCHEDULE K, LINE 12E                  |                  | 8,042.      |

| SCHEDULE K                  | INTEREST INCOME | STATEMENT 4 |
|-----------------------------|-----------------|-------------|
| DESCRIPTION                 |                 | AMOUNT      |
| INEREST EARNED              |                 | 805.        |
| TOTAL TO SCHEDULE K, LINE 4 |                 | 805.        |

| SCHEDULE K                    | OTHER TAX-EXEMPT INCOME | STATEMENT 5 |
|-------------------------------|-------------------------|-------------|
| DESCRIPTION                   |                         | AMOUNT      |
| NONTAXABLE STATE REFUNDS      |                         | 500.        |
| TOTAL TO SCHEDULE K, LINE 16B |                         | 500.        |

| SCHEDULE K                                       | OTHER ITEMS, LINE 17D | STATEMENT 6 |
|--|-----------------------|-------------|
| DESCRIPTION                                      |                       | AMOUNT      |
| AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN |                       | 165,875.    |
| AGGREGATE BUSINESS ACTIVITY DEDUCTIONS           |                       | 175,576.    |
| DEPLETION FROM OIL AND GAS PROPERTIES            |                       | 25,297.     |
| SECTION 199A - ORDINARY INCOME (LOSS)            |                       | -9,701.     |
| SECTION 199A - ROYALTY INCOME (LOSS)             |                       | 39,888.     |
| SECTION 199A - OTHER DEDUCTIONS                  |                       | 25,297.     |

| SCHEDULE L                  | OTHER INVESTMENTS     | STATEMENT 7     |
|-----------------------------|-----------------------|-----------------|
| DESCRIPTION                 | BEGINNING OF TAX YEAR | END OF TAX YEAR |
| CAMTERRA RESOURCES LIMITED  | 485,959.              | 485,959.        |
| TOTAL TO SCHEDULE L, LINE 9 | 485,959.              | 485,959.        |

| SCHEDULE L   | ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS | STATEMENT 8 |
|--|---|-------------|
| DESCRIPTION  |   | AMOUNT      |
| BALANCE AT BEGINNING OF YEAR                             |   | -347,549.   |
| NET INCOME PER BOOKS                                     |   | 31,492.     |
| DISTRIBUTIONS  |   | 0.          |
| OTHER INCREASES (DECREASES)                              |   |             |
| BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D) |   | -316,057.   |



| DEPLETION                                   | OTHER EXPENSES | STATEMENT 13 |
|---|----------------|--------------|
| PROP.<br>NUMBER DESCRIPTION                 |                | AMOUNT       |
| 1 OTHER EXPENSES                            |                | 8.           |
| TOTAL OTHER EXPENSES TO DEPLETION STATEMENT |                | 8.           |

| DEPLETION                                   | OTHER EXPENSES | STATEMENT 14 |
|---|----------------|--------------|
| PROP.<br>NUMBER DESCRIPTION                 |                | AMOUNT       |
| 4 OTHER DIRECT OPERATING EXPENSES           |                | 2,988.       |
| 4 AD VALOREM                                |                | 495.         |
| 10 AD VALOREM                               |                | 1,626.       |
| 10 OTHER DIRECT OPERATING EXPENSES          |                | 22,670.      |
| 10 OTHER TAXES                              |                | 129.         |
| 11 OTHER DIRECT OPERATING EXPENSES          |                | 56,107.      |
| TOTAL OTHER EXPENSES TO DEPLETION STATEMENT |                | 84,015.      |

Schedule K-1 (Form 1120-S)

2024

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

For calendar year 2024, or tax year beginning ending

Shareholder's Share of Income, Deductions, Credits, etc.

Part I Information About the Corporation

Form section for Part I: Corporation's employer identification number, name, address, IRS center, and total number of shares.

Part II Information About the Shareholder

Form section for Part II: Shareholder's identifying number, name, address, TIN, and current year allocation percentage.

Form section for Part III: Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items.

Table with 4 columns: Line number, Description, Amount, and Code. Rows include Ordinary business income, Net rental real estate inc, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain, Net long-term capital gain, Collectibles gain, Unrecaptured sec 1250 gain, Net section 1231 gain, Other income, Section 179 deduction, Other deductions, and Other information.

SCHEDULE K-1 DEDUCTIONS - PORTFOLIO (ROYALTY INCOME)  
BOX 12, CODE I

| DESCRIPTION                          | AMOUNT | SHAREHOLDER FILING INSTRUCTIONS |
|--------------------------------------|--------|---------------------------------|
| DEDUCTIONS RELATED TO ROYALTY INCOME | 8,042. | SEE SHAREHOLDERS INSTRUCTIONS   |
| TOTAL                                | 8,042. |                                 |

SCHEDULE K-1 OTHER TAX-EXEMPT INCOME, BOX 16, CODE B

| DESCRIPTION              | AMOUNT | SHAREHOLDER FILING INSTRUCTIONS |
|--------------------------|--------|---------------------------------|
| NONTAXABLE STATE REFUNDS | 500.   |                                 |
| TOTAL                    | 500.   |                                 |

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1

SECTION 199A ITEMS, BOX 17  
CODE V

| DESCRIPTION                     | AMOUNT   |
|---------------------------------|----------|
| TRADE OR BUSINESS               |          |
| ORDINARY INCOME(LOSS)           | -79,290. |
| DEPLETION - ROYALTY INTERESTS   |          |
| ROYALTY INCOME(LOSS)            | 39,888.  |
| OTHER DEDUCTIONS *              | 7,190.   |
| OIL AND GAS DEPLETION DEDUCTION | 7,190.   |
| DEPLETION - WORKING INTERESTS   |          |
| ORDINARY INCOME(LOSS)           | 69,589.  |
| OTHER DEDUCTIONS *              | 18,107.  |
| OIL AND GAS DEPLETION DEDUCTION | 18,107.  |

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

| DESCRIPTION                   | AMOUNT   |
|-------------------------------|----------|
| GROSS RECEIPTS - CURRENT YEAR | 214,610. |

SCHEDULE K-1

SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

SCHEDULE K-1 EXCESS BUSINESS LOSS LIMITATION, BOX 17, CODE AJ

| DESCRIPTION                                      | AMOUNT   | SHAREHOLDER FILING INSTRUCTIONS |
|--|----------|---------------------------------|
| AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN | 165,875. | SEE IRS SCH. K-1 INSTRUCTIONS   |
| AGGREGATE BUSINESS ACTIVITY DEDUCTIONS           | 175,576. | SEE IRS SCH. K-1 INSTRUCTIONS   |

# Summary Schedule of Mineral Interest Information

For calendar year 2024 or tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_

|                     |                       |                               |
|---------------------|-----------------------|-------------------------------|
| Identifying Numbers | 388-38-7434           | 43-1231307                    |
| Name                | LAURANCE R. JONES, JR | INTERSTATE PRODUCTION COMPANY |

## Income and Expenses

|  |         |          |
|--|---------|----------|
| Gross income                                       |         | 213,805. |
| Ordinary Expenses:                                 |         |          |
| Royalty paid                                       |         |          |
| Severance tax                                      | 7,036.  |          |
| Operating expenses                                 | 13,269. |          |
| Dry hole costs                                     |         |          |
| Depreciation                                       |         |          |
| Amortization                                       |         |          |
| Overhead expenses (includes overhead depreciation) |         |          |
| Other expenses                                     | 84,023. |          |
| Depletion (non-oil and gas interests)              |         |          |
| Total allowable expenses                           |         | 104,328. |
| Net income before separately stated items          |         | 109,477. |
| Separately Stated Items:                           |         |          |
| Section 179 expense                                |         |          |
| Intangible drilling costs                          |         |          |
| Section 754 depreciation                           |         |          |
| Section 754 amortization                           |         |          |
| Separately allocated depreciation                  |         |          |
| Separately allocated amortization                  |         |          |
| Section 704(c) depreciation                        |         |          |
| Section 704(c) amortization                        |         |          |
| Total separately stated items                      |         |          |
| Net income   |         | 109,477. |

## Oil and Gas Depletion Information

|                                      |  |         |
|--------------------------------------|--|---------|
| Total cost depletion                 |  |         |
| Total percentage depletion available |  | 25,297. |

## Tentative Depletion

|  |         |         |
|--|---------|---------|
| <b>Working Interest:</b>                                     |         |         |
| Cost depletion   |         |         |
| % depletion  | 18,107. |         |
| <b>Royalty Interest:</b>                                     |         |         |
| Cost depletion   |         |         |
| % depletion  | 7,190.  |         |
| <b>Allowable tentative depletion</b> (before 65% limitation) |         | 25,297. |

## Preference Information

|  |  |          |
|--|--|----------|
| Excess percentage depletion from non-oil and gas interests   |  |          |
| Gross income from oil, gas and geothermal properties   |  | 213,805. |
| Deductions allocable to oil, gas and geothermal properties (excluding tax preference depreciation) |  | 104,328. |
| Excess intangible drilling cost  |  |          |

**2024 AR1100S**  
**ARKANSAS S CORPORATION**  
**INCOME TAX RETURN**



**S**  
**Software ID**  
**PROSYSTEM**

Tax Year beginning **JAN 1 2024** and ending **DEC 31 2024**

INITIAL Return     AMENDED Return     FINAL Arkansas Return (Going Out of Business)     Check if Cooperative Association

|   |  |                           |  |   |
|---|--|---------------------------|--|---|
| FEIN<br>● 43-1231307                      | <input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed<br><input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions) |                           | <b>Type of Corporation</b><br>Check only one box below<br><br>● 5 <input type="checkbox"/> Domestic (in state)<br>● 6 <input checked="" type="checkbox"/> Foreign (out of state) |   |
| NAICS Code<br>● 211120                    | Name<br>● INTERSTATE PRODUCTION COMPANY  |                           |  |   |
| Date of Incorporation<br>● 05/26/1981     | Address<br>● 2901 VERONA   |                           |  |   |
| Date Began Business in AR<br>● 05/26/1981 | City<br>● MISSION HILLS  | State or Province<br>● KS | ZIP<br>● 66208   | <input type="checkbox"/> Check if address is outside U.S. Foreign Country |

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

| Note: Attach completed copy of Federal Return and Sign Arkansas Return              |     | TOTAL   |    | ARKANSAS |        |
|---|-----|---------|----|----------|--------|
| 7. Gross Sales: (Less returns and allowances)                                       | 7.  | 165,875 | 00 | 7.       | 00     |
| 8. Cost of goods sold and/or operations: (Attach schedule)                          | 8.  |         | 00 | 8.       | 00     |
| 9. Gross profit: (Subtract Line 8 from Line 7)                                      | 9.  | 165,875 | 00 | 9.       | 00     |
| 10. Net gain (or loss) from Federal Form 4797:                                      | 10. |         | 00 | 10.      | 00     |
| 11. Other income: (Attach schedule)   | 11. |         | 00 | 11.      | 00     |
| 12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here)                    | 12. | 165,875 | 00 | 12.      | 00     |
| 13. Compensation of officers:   | 13. |         | 00 | 13.      | 00     |
| 14. Salaries and wages: (See Instructions)  | 14. |         | 00 | 14.      | 00     |
| 15. Repairs:  | 15. |         | 00 | 15.      | 00     |
| 16. Bad Debts: (Attach schedule)  | 16. |         | 00 | 16.      | 00     |
| 17. Rent:   | 17. |         | 00 | 17.      | 00     |
| 18. Taxes: (See Instructions)   | 18. | 6,136   | 00 | 18.      | 00     |
| 19. Deductible interest expense not claimed or reported elsewhere:                  | 19. |         | 00 | 19.      | 00     |
| 20. Depreciation: (Attach Federal Form 4562 / Except IRC 179D)                      | 20. |         | 00 | 20.      | 00     |
| 21. Depletion: (Do not deduct oil and gas depletion)                                | 21. |         | 00 | 21.      | 00     |
| 22. Advertising:  | 22. |         | 00 | 22.      | 00     |
| 23. Pension, profit-sharing, plans, etc   | 23. |         | 00 | 23.      | 00     |
| 24. Employee benefit programs:  | 24. |         | 00 | 24.      | 00     |
| 25. Other deductions: (Attach schedule / Except IRC 179D)                           | 25. | 169,440 | 00 | 25.      | 00     |
| 26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here)                      | 26. | 175,576 | 00 | 26.      | 00     |
| 27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate) | 27. | -9,701  | 00 | 27.      | 18,291 |

**ATTACH ALL AR K-1 FORMS**

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

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

|   |                         |   |  |
|---|-------------------------|---|--|
| Officer's Signature<br>●  | Date                    | Title<br><b>PRESIDENT</b>   | Telephone Number<br><b>816-474-9737</b>            |
| Preparer's Signature<br><b>CRAIG A. ADAMSON</b>   | Date<br><b>03/24/25</b> | Preparer's FEIN/PTIN<br>● <b>P00246572</b>  | Check if Self-Employed<br><input type="checkbox"/> |
| Preparer's Printed Name<br><b>CRAIG A. ADAMSON</b>  |                         | May the Arkansas Revenue Agency discuss this return with the preparer shown at left?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Area Code and Telephone Number of Preparer<br><b>361-887-8916</b>   |                         | <b>For Department Use Only</b><br>A ●<br>B ●<br>C   |  |
| 438401 08-19-24 AR1100S (R 8/13/2024) MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919 |                         |   |  |

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

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



**FEIN:** 43-1231307

**A. INCOME TO APPORTION:**

|   |     |         |    |
|---|-----|---------|----|
| 1. Income per Federal Return: (Enter amount from page 1, Line 27, Total Column) | 1.● | -9,701  | 00 |
| 2. Add Adjustments: (Attach AR1100ADJ)  | 2.● | 0       | 00 |
| 3. Deduct Adjustments: (Attach AR1100ADJ)                                       | 3.● | 805     | 00 |
| 4. TOTAL APPORTIONABLE INCOME:  | 4.● | -10,506 | 00 |

**NOTE:** If all factors in Section B are 100%, do not complete. The return should be filed as a Status 1.

**B. APPORTIONMENT FACTOR:**

|   | (A)<br>Amounts in Arkansas | (B)<br>Total Amounts | (C)<br>Percentage (A) ÷ (B)   |                |
|---|----------------------------|----------------------|---|----------------|
| <b>1. Sales / Receipts:</b>   |                            |                      |   |                |
| Destination Sales to Arkansas   |                            |                      |   |                |
| a. Shipped From Within Arkansas   | a.● 22,601 00              | a. 193,491 00        | (Calculate to 6 places to the right of decimal. Fill in all spaces) |                |
| b. Shipped From Without Arkansas  | b.● 0 00                   | b. 0 00              |   |                |
| <b>2. Origin Sales From Arkansas</b>                                      |                            |                      |   |                |
| c. Origin Shipped From Within Arkansas To Other Non-Taxable Jurisdictions |                            |                      |   |                |
| c.●   | 0 00                       | 0 00                 | 999.999999 %  |                |
| <b>3. Other Sales / Receipts</b>  |                            |                      |   |                |
| d. Capital & Ordinary Gains   | d.● 0 00                   | d. 0 00              | (EXAMPLE)   |                |
| e. Dividends  | e.● 0                      | e. 0                 |   |                |
| f. Interest   | f.● 0                      | f. 0                 |   |                |
| g. Rents  | g.● 0                      | g. 0                 |   |                |
| h. Royalties  | h.● 0                      | h. 0                 |   |                |
| i. Services   | i.● 0                      | i. 0                 |   |                |
| j. Other Business Gross Receipts: (Attach sch.)                           | j.● 0                      | j. 0                 |   |                |
| k. TOTAL SALES / RECEIPTS: (Add Lines A-J)                                | k.● 22,601                 | k. 193,491           |   | k. 11.680647 % |

Property and Payroll factors only apply under certain special industry regulations, all other filers must use the single sales factor apportionment only. See instructions and complete the **Special Industry and Alternative Apportionment Form (AR-718)** if required.

**Special Industry and Alternative Apportionment Form (AR-718)**

|  |     |           |    |
|--|-----|-----------|----|
| 4.● <input type="checkbox"/> Check the box and enter the percentage from Form AR-718, Line 5, Column C                 | 4.● |           | 00 |
| 5. Percentage Attributable to Arkansas: (Enter % from Column C, Line 3k, or if required Form AR-718, Column C, Line 5) | 5.● | 11.680647 | 00 |

**C. ARKANSAS TAXABLE INCOME:**

|   |     |        |    |
|---|-----|--------|----|
| 1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5)                    | 1.● | -1,227 | 00 |
| 2. Add: Direct Income Allocated to Arkansas: (Attach schedule)                            | 2.● | 19,518 | 00 |
| 3. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on page 1, Line 27, Arkansas Column) | 3.● | 18,291 | 00 |

**SCHEDULE D - CAPITAL GAINS TAX**

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

|   |     |          |    |
|---|-----|----------|----|
| 1. Taxable Income: (See Instructions; Attach computation schedule)  | 1.● | 0        | 00 |
| 2. Enter tax on Line 1 amount: (See Instructions for computation of tax)  | 2.● | 0        | 00 |
| 3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) | 3.● | 0        | 00 |
| 4. Statutory minimum:   | 4.● | \$25,000 | 00 |
| 5. Subtract Line 4 from Line 3:   | 5.● | 0        | 00 |
| 6. Tax: (Enter 4.3% of Line 5)  | 6.● | 0        | 00 |
| 7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S)  | 7.● | 0        | 00 |

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

|  |     |   |    |
|--|-----|---|----|
| 1. Taxable Income: (See Instructions; Attach computation schedule)                                   | 1.● | 0 | 00 |
| 2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) | 2.● | 0 | 00 |
| 3. Enter smaller of Line 1 or 2:   | 3.● | 0 | 00 |
| 4. Section 1374(b)(2) deduction:   | 4.● | 0 | 00 |
| 5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below)               | 5.● | 0 | 00 |
| 6. Enter 4.3% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S)                           | 6.● | 0 | 00 |



ARKANSAS CORPORATION INCOME TAX ADJUSTMENT SCHEDULE - MULTISTATE CORPORATION

NAME INTERSTATE PRODUCTION COMPANY

FEIN 43-1231307

This schedule is to be attached to Arkansas Income Tax forms; AR1100CT, AR1100S, or AR1100PET to reconcile Federal Income and Arkansas Apportionable Income for Filing Status 2 - Multistate Corporation - Apportionment. Refer to instructions

PART A: ADD ADJUSTMENTS

Table with 10 rows for Part A adjustments. Row 1: ARKANSAS INCOME TAX. Row 2: NON-ARKANSAS MUNICIPAL BOND INTEREST INCOME. Row 3: FEDERAL BONUS DEPRECIATION. Row 4: FEDERAL CHARITABLE CONTRIBUTIONS. Row 5: FEDERAL CAPITAL LOSSES. Row 6: EXPENSES RELATED TO NONTAXABLE INCOME. Row 7: PARTNERSHIP LOSSES. Row 8: ALLOCATED LOSSES. Row 9: OTHER: (ATTACH SCHEDULE). Row 10: TOTAL ADD ADJUSTMENTS: (ENTER HERE AND ON SCH.A, LINE 2 FORM(S) AR1100CT, AR1100S; OR AR1100PET, P3, SCH.A., LINE 2)

PART B: DEDUCTION ADJUSTMENTS

Table with 12 rows for Part B deductions. Row 1: U.S. GOV'T OBLIG. INTEREST (805.00). Row 2: DIVIDENDS RECEIVED DEDUCTION. Row 3: ARKANSAS DEPRECIATION ADJUSTMENT. Row 4: PARTNERSHIP INCOME. Row 5: ARKANSAS ALLOWABLE CHARITABLE CONTRIBUTIONS. Row 6: SECTION 78 GROSS-UP & FOREIGN TAXES. Row 7: FEDERAL UNALLOWED CREDITS. Row 8: ARKANSAS CAPITAL LOSSES. Row 9: NON-BUSINESS INCOME: (MUST BE ALLOCATED). Row 10: ARKANSAS MUNICIPAL BOND INTEREST. Row 11: OTHER: (ATTACH SCHEDULE). Row 12: TOTAL DEDUCT ADJUSTMENTS: (ENTER HERE AND ON SCH.A, LINE 3 FORM(S) AR1100CT, AR1100S; OR AR1100PET, P3, SCH.A., LINE 3) (805.00)



AR SCHEDULE K-1

OTHER INFORMATION

| DESCRIPTION                     | AR AMOUNT |
|---------------------------------|-----------|
| INVESTMENT INTEREST             | 5,693     |
| INVESTMENT EXPENSES             | 939       |
| TOTAL TO SCHEDULE K-1, LINE 19A | 6,632     |

AR SCHEDULE K-1

ITEMS AFFECTING BASIS

| DESCRIPTION                     | AR AMOUNT |
|---------------------------------|-----------|
| OTHER TAX-EXEMPT INCOME         | 58        |
| TOTAL TO SCHEDULE K-1, LINE 16A | 58        |



**STATE OF ARKANSAS INFORMATION RETURN**  
**Report of Income Tax Withheld or Paid on Behalf of Nonresident Member**

Tax Year End of Pass-Through Entity 12/31/2024  
mm/dd/yyyy

| Part A: Pass-Through Entity Information  |  | Part B: Nonresident Member Information   |   |
|--|--|--|---|
| Name of Entity:<br><b>INTERSTATE PRODUCTION COMPANY</b>  |  | Name:<br><b>LAURANCE R. JONES, JR</b>  |   |
| Type of Ownership: (If other, please provide statement of ownership type)<br><input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other |  | Type of Taxpayer: (If other, please provide statement of ownership type)<br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other |   |
| Federal Identification Number:<br><b>43-1231307</b>  |  | Social Security Number or Federal Identification Number of Member:<br><b>388-38-7434</b>   |   |
| Street Address:<br><b>2901 VERONA</b>  |  | Street Address:<br><b>2901 VERONA</b>  |   |
| City, State, ZIP:<br><b>MISSION HILLS, KS 66208</b>  |  | City, State, ZIP:<br><b>MISSION HILLS , KS 66208</b>   |   |
| Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member   |  |  |   |
| Amounts Distributed from Arkansas Sources:<br><b>4,560.</b>  | Arkansas Income Tax Withheld:<br><b>0.</b> | Arkansas Income Tax Paid on AR1000CR:<br><b>178.</b>   | AR Income Tax Paid on AR1100PET:<br><b>0.</b> |

# 2024 AR1000CR

ARKANSAS INCOME TAX  
COMPOSITE TAX RETURN



# CR1

Jan 1 - Dec 31, 2024 or fiscal year ending

, 20

CHECK BOX IF  
AMENDED RETURN

Software ID

PROSYSTEM

|   |                                      |                       |   |  |
|---|--------------------------------------|-----------------------|---|--|
| Name of entity<br><b>• INTERSTATE PRODUCTION COMPANY</b>                                    |                                      |                       | Federal employer identification number<br><b>• 43-1231307</b>                     |  |
| Mailing address<br><b>• 2901 VERONA</b>   |                                      |                       | Telephone<br><b>816-474-9737</b>  |  |
| City<br><b>• MISSION HILLS</b>  | State or province<br><b>• KANSAS</b> | ZIP<br><b>• 66208</b> | <input type="checkbox"/> Check if address is outside U.S.<br>Foreign country name |  |
| <input type="checkbox"/> Check this box if you have filed Arkansas extension Form AR1055-CR |                                      |                       | Location of records for audit   |  |

### COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

|   |    |                |              |           |
|---|----|----------------|--------------|-----------|
| <b>NON-CORPORATION MEMBERS SHARES OF INCOME</b>   |    |                |              |           |
| 1. Number of nonresident members  | 1  | <b>• 1</b>     |              |           |
| 2. Taxable income from schedule A: (Non-Corporation members)                            | 2  | <b>• 4,560</b> | <b>00</b>    |           |
| 3. Tax: [Multiply line 2 by 3.9 percent (0.039)]  | 3  | <b>• 178</b>   | <b>00</b>    |           |
| <b>CORPORATION MEMBERS SHARES OF INCOME</b>   |    |                |              |           |
| 4. Number of nonresident members  | 4  | <b>•</b>       |              |           |
| 5. Taxable income from schedule B: (Corporation members)                                | 5  | <b>•</b>       | <b>00</b>    |           |
| 6. Tax: [Multiply line 5 by 4.3 percent (0.043)]  | 6  | <b>•</b>       | <b>00</b>    |           |
| 7. total tax: (Add lines 3 and 6)   | 7  | <b>• 178</b>   | <b>00</b>    |           |
| 8. Arkansas income tax withheld: [Attach copies of AR1099PT form(s)]                    | 8  | <b>•</b>       | <b>00</b>    |           |
| 9. Estimated tax paid and/or credit carried forward:                                    | 9  | <b>•</b>       | <b>00</b>    |           |
| 10. Payment made with extension:  | 10 | <b>•</b>       | <b>00</b>    |           |
| 11. Amended returns only- enter previous payments:                                      | 11 | <b>•</b>       | <b>00</b>    |           |
| 12. Total payments: (Add lines 8 through 11)  | 12 | <b>•</b>       | <b>00</b>    |           |
| 13. Amended returns only- enter previous overpayments:                                  | 13 | <b>•</b>       | <b>00</b>    |           |
| 14. Adjusted total payments: (Subtract line 13 from line 12)                            | 14 | <b>•</b>       | <b>00</b>    |           |
| 15. Amount of overpayment/refund: (If line 14 is greater than line 7, enter difference) | 15 | <b>•</b>       | <b>00</b>    |           |
| 16. Amount of overpayment to be applied to 2025:  | 16 | <b>•</b>       | <b>00</b>    |           |
| 17. Amount to be refunded to you: (Subtract line 16 from line 15)                       | 17 | <b>REFUND</b>  | <b>•</b>     | <b>00</b> |
| 18. Amount due: (If line 7 is greater than line 14, enter difference)                   | 18 | <b>TAX DUE</b> | <b>• 178</b> | <b>00</b> |

**PAY ONLINE:** Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

**PAY BY CREDIT CARD: (See instructions)**

**PAY BY MAIL: (See instructions)**

**Note:** The AR1000CR, page 2 (CR2) and page 3 (CR3) must be completed and attached. If you need more space, see instructions.

|                         |  |   |   |  |
|-------------------------|--|---|---|--|
| <b>PLEASE SIGN HERE</b> | <b>PLEASE SIGN HERE:</b> 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 officer, partner or accountant  | Date  | Telephone   | May the Arkansas Revenue Agency discuss this return with the preparer? |
| <b>PAID PREPARER</b>    | Paid preparer's signature<br><b>CRAIG A. ADAMSON</b>   | PTIN/ID number<br><b>• P00246572</b>              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                         | Preparer's name<br><b>CRAIG A. ADAMSON</b>   | Address   |   | <b>For Department Use Only</b>   |
|                         | E-mail<br><b>CRAIG@ADAMSONCPAFIRM.COM</b>  | City/State/ZIP<br><b>CORPUS CHRISTI, TX 78411</b> |   | Telephone<br><b>361-887-8916</b>                                       |





# K-120S 2024 PARTNERSHIP OR S CORPORATION INCOME TAX RETURN

037

K-120S  
Page 1  
154024



Page 1 of 6

For the taxable year beginning 01012024 ending 12312024

Filing an AMENDED return?

EIN 431231307

**INTERSTATE PRODUCTION COMPANY**  
2901 VERONA  
MISSION HILLS KS 66208

C. Business Activity Code:

G. State of Commercial Domicile: **KS**

A. This return is being filed for 1. Partnership  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:

**05261981**

I. Tax credit schedules are enclosed?

1. Activity wholly within Kansas or single entity apportionment method

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

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

E. Date Business Discontinued in KS:

3. Common carrier mileage (Enclose mileage apportionment schedule)

F. State and Date of Incorporation:

**KS 05261981**

K. Name or address has changed?

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

L. Are you filing Form K-40C?

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

M. Have you submitted Form K-120EL?

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

1. Ordinary income from federal Sch. K **-9701.00**

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

2a. Total of all other income from federal Sch. K **48735.00**

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

2b. Total of allowable deductions from federal Sch. K **8042.00**

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

3. Total federal income (Add line 1 to line 2a and subtract line 2b) **30992.00**

18. Net income before apportionment (Add line 3 to line 9 and subtract line 17) **30992.00**

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

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

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

20. Apportionable business income (Subtract line 19 from line 18) **30992.00**

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

21. Average percent to Kansas (Part IV, lines A, B, C, & E: if 100% enter 100.0000) **43.6093**

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

A. **.0000** C. **43.6093**  
B. **.0000**

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

22. Amount to Kansas (Multiply line 20 by line 21) **13515.00**

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

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

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

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

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

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

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

26. Total Kansas income (Add lines 22, 23 and subtract 25) **13515.00**

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

27. Kansas income not taxed as part of the election (schedule required) **13515.00**

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

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



**INTERSTATE PRODUCTION COMPANY**

EIN **431231307**

29. Kansas taxable income for electing partners (Enter the amount from line 28 or if filing combined return, enter line 28 from the K-121S)

38. Total prepaid credits. (Add lines 33 - 36 and subtract line 37.)

30. Remaining Kansas resident income taxed at 100% (schedule required)

39. Balance Due. (If line 32 exceeds line 38, subtract line 38 from line 32 and enter result.)

31. Total taxable income for electing partners (add lines 29 and 30)

40. Interest.

32. Electing pass-through entity income tax due (5.58% of line 31) (enter here and on Part III, box 7)

41. Penalty.

33. Estimated tax paid and amount credited forward (Sep. Sch.)

If annualizing to compute penalty, check this field

34. Other tax payments (Sep. Sch.)

43. Total tax, interest, and penalty due (Add lines 39 - 42). Complete K-120V and enclose it with your payment.

35. Amount paid with Kansas extension.

44. Overpayment. (If line 32 is less than line 38, subtract line 32 from line 38 and enter the result.)

36. Payment remitted with original return. (See instructions.)

45. Refund. Enter the amount of line 44 you wish to be refunded.

37. Overpayment from original return. (This figure is a subtraction; see instr.)

46. Credit Forward. Enter the amount of line 44 (original return only) you wish it to be applied to 2025 estimated tax. (line 46 cannot exceed the total of lines 33, 34, and 35)

**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)

**CRAIG A. ADAMSON**

Preparer  
Phone Number **361-887-8916**

Preparer PTIN, EIN or SSN  
(Required)

**P00246572**

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**

**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.  
**2901 VERONA**

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.

**MISSION HILLS, KS 66208**

Revenue Agent's Report

Net Operating Loss

3. The corporation's books are in care of:

Amended Return

Years ended \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

| (1)<br>Name and address of partner or shareholder                   | Type of Partner or Shareholder        | (2)<br>Social Security Number or Employer Identification Number (EIN) | (3)<br>Partner's or shareholder's percent of ownership | (4)<br>Partner's profit percent or shareholder's applicable percentage |
|---|---------------------------------------|---|--|--|
| <b>LAURANCE R. JONES, JR</b><br>(a) <b>2901 VERONA, MISSION HIL</b> | <input checked="" type="checkbox"/> R | <b>388387434</b>  | <b>100.000000</b>                                      | <b>100.000000</b>  |
| (b)   | <input type="checkbox"/>              |   |  |  |
| (c)   | <input type="checkbox"/>              |   |  |  |
| (d)   | <input type="checkbox"/>              |   |  |  |
| (e)   | <input type="checkbox"/>              |   |  |  |
| (f)   | <input type="checkbox"/>              |   |  |  |
| (g)   | <input type="checkbox"/>              |   |  |  |
| (h)   | <input type="checkbox"/>              |   |  |  |
| (i)   | <input type="checkbox"/>              |   |  |  |
| (j)   | <input type="checkbox"/>              |   |  |  |
| (k)   | <input type="checkbox"/>              |   |  |  |
| (l)   | <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

**PART II (continued)** See instructions for Nonresident Partner's or Shareholder's Computation of Columns 6, 7 and 8.

K-120S  
Page 4  
Attach  
155124



| (5)<br>Income from Kansas sources.<br><b>Kansas resident individuals:</b> Multiply column 4 by line 18.<br><b>Nonresident individuals:</b> If income is earned only from Kansas sources multiply column 4 by line 18. If earned inside and outside Kansas, multiply column 4 by the sum of lines 22 and 23. <b>All other partners or shareholders:</b> Multiply column 4 by the sum of lines 22 and 23 | (6)<br>Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions<br>Multiply the percentage in column 4 by line 3, page 1 | (7)<br>Partner's or shareholder's portion of total Kansas income<br>Multiply the percentage in column 4 by line 18, page 1 | (8)<br>Partner's or shareholder's modification<br>See instructions. Enter result in Part A of Schedule S, Form K-40 |
|--|---|--|---|
| (a) 30,992.  | 30,992.   | 30,992.  | 0.  |
| (b)  |   |  |   |
| (c)  |   |  |   |
| (d)  |   |  |   |
| (e)  |   |  |   |
| (f)  |   |  |   |
| (g)  |   |  |   |
| (h)  |   |  |   |
| (i)  |   |  |   |
| (j)  |   |  |   |
| (k)  |   |  |   |
| (l)  |   |  |   |

**PART III - PARTNER'S 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 12 partners, you must complete a schedule similar to the schedule below and submit it with your return.

| (1)<br>Name and address of partner or shareholder | Type of Partner or Shareholder<br>R = Kansas resident individual<br>N = Nonresident individual<br>I = Trust taxed as an individual<br>T = Trust not taxed as an individual<br>C = Corporation<br>P = Partnership or other flow-through entity<br>S = S-Corporation | (2)<br>Social Security Number or Employer Identification Number (EIN) | (3)<br>Partner's percent of Income and credits | (4)<br>Kansas Taxable Income | (5)<br>Total Tax @ 5.58% |
|---|--|---|--|------------------------------|--------------------------|
| (a)   | <input type="checkbox"/>   |   |  |                              |                          |
| (b)   | <input type="checkbox"/>   |   |  |                              |                          |
| (c)   | <input type="checkbox"/>   |   |  |                              |                          |
| (d)   | <input type="checkbox"/>   |   |  |                              |                          |
| (e)   | <input type="checkbox"/>   |   |  |                              |                          |
| (f)   | <input type="checkbox"/>   |   |  |                              |                          |
| (g)   | <input type="checkbox"/>   |   |  |                              |                          |
| (h)   | <input type="checkbox"/>   |   |  |                              |                          |
| (i)   | <input type="checkbox"/>   |   |  |                              |                          |
| (j)   | <input type="checkbox"/>   |   |  |                              |                          |
| (k)   | <input type="checkbox"/>   |   |  |                              |                          |
| (l)   | <input type="checkbox"/>   |   |  |                              |                          |

**TOTALS FOR PART III INCLUDING ADDITIONAL SCHEDULES**

|                           |                       |
|---------------------------|-----------------------|
| (6) Kansas Taxable Income | (7) Total Tax @ 5.58% |
|---------------------------|-----------------------|



**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 **01012024**, ending **12312024**

Name as shown on Form K-120

Employer Identification Number (EIN)

**INTERSTATE PRODUCTION COMPANY**

**43-1231307**

**PART IV - APPORTIONMENT FORMULA**

| A. Property   | WITHIN KANSAS     |             | TOTAL COMPANY     |             | PERCENT WITHIN KANSAS |
|---|-------------------|-------------|-------------------|-------------|-----------------------|
|   | Beginning of Year | End of Year | Beginning of Year | End of Year |                       |
| (1) Value of owned real and tangible personal property used in business at original cost: |                   |             |                   |             |                       |
| Inventory .....   |                   |             |                   |             |                       |
| Depreciable assets .....  |                   |             |                   |             |                       |
| Land .....  |                   |             |                   |             |                       |
| Other tangible assets (Enclose sch) .....   |                   |             |                   |             |                       |
| Less: Construction in progress .....  |                   |             |                   |             |                       |
| Total property to be averaged .....   |                   |             |                   |             |                       |
| Avg owned property (Beg. + End ÷ 2) .....   |                   |             |                   |             |                       |
| (2) Net annual rented property. Mult by 8 .....   |                   |             |                   |             |                       |
| TOTAL PROPERTY (Enter on line 21A, page 2) .....  |                   |             |                   |             |                       |

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

| C. Sales (Gross receipts, less returns and allowances) .....  | 193,491.  |          |           |
|---|---|----------|-----------|
|   | (1) Sales delivered or shipped to purchasers in Kansas: |          |           |
| (a) Shipped from outside Kansas .....   | 0.  |          |           |
| (b) Shipped from within Kansas .....  | 84,380.   |          |           |
| (2) Sales shipped from Kansas to:   |   |          |           |
| (a) The United States Government .....  | 0.  |          |           |
| (b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272) ..... | 0.  |          |           |
| (3) Dividends .....   |   |          |           |
| Interest .....  |   |          |           |
| Rents .....   |   |          |           |
| Royalties .....   |   |          |           |
| Gains/losses from intangible asset sales .....  |   |          |           |
| Gross proceeds from tangible asset sales .....  |   |          |           |
| Other income (Enclose schedule) .....   |   |          |           |
| TOTAL RECEIPTS (Enter on line 21C, Page 2) .....  | 84,380.   | 193,491. | C 43.6093 |

|   |              |
|---|--------------|
| D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula) .....   | D(1) 43.6093 |
| D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula) .....        | D(2)         |
| E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 21, Page 2) ..... | E 43.6093    |



|   |  |             |
|---|--|-------------|
| <b>KANSAS<br/>SCHEDULE K-1<br/>EQUIVALENT</b> | <b>Shareholder's Information</b><br>For Calendar Year 2024, or Fiscal Year<br>, and Ending | <b>2024</b> |
|   | Beginning  |             |

|   |   |
|---|---|
| Shareholder Number <b>1</b>   | Shareholder ID No. <b>388-38-7434</b>                         |
| Shareholder's Name and Address:<br><br><b>LAURANCE R. JONES, JR</b><br><b>2901 VERONA</b><br><b>MISSION HILLS, KS 66208</b>         | Shareholder Code <input checked="" type="checkbox"/> <b>I</b> |
|   | Nonresident <input type="checkbox"/>                          |
|   | Shareholder Percentage <b>100.000000</b>                      |
| Corporation's Name and Address:<br><b>INTERSTATE PRODUCTION COMPANY</b><br><br><b>2901 VERONA</b><br><b>MISSION HILLS, KS 66208</b> | Applicable Percentage <b>100.000000</b>                       |
|   | Corporation Federal ID Number<br><b>43-1231307</b>            |

| <b>I. Distributive Share Items</b>  | <b>Amount</b>    |
|---|------------------|
| 1. Federal ordinary income and other income (losses) and deductions from federal Schedule K-1 ..... | <b>30,992.00</b> |
| Additions to income:  |                  |
| 2. State and municipal interest .....   |                  |
| 3. Taxes on or measured by income or fees or payments in lieu of income taxes .....                 |                  |
| 4. Business interest expenses carryforward deduction .....  |                  |
| 5. Other additions to federal income .....  |                  |
| Deductions from income:   |                  |
| 6. Interest on U.S. obligations .....   |                  |
| 7. IRC Section 78 and 80% of foreign dividends .....  |                  |
| 8. Global Intangible Low-Taxed Income (GILTI) .....   |                  |
| 9. Disallowed business interest deduction .....   |                  |
| 10. Contributions to capital exceptions .....   |                  |
| 11. Disallowed business meal expenses .....   |                  |
| 12. Other subtractions from federal income .....  |                  |

| <b>II. Nonresident Individuals or Corporations/Trust/Estates</b> |  |
|--|--|
| Apportioned share of Kansas net income .....                     |  |

| <b>III. Composite Source Income - Nonresident Tax</b> |  |
|---|--|
| Composite source income .....                         |  |
| Kansas nonresident tax .....                          |  |

| <b>IV. Pass-through Entity</b> |  |
|--------------------------------|--|
| Kansas taxable income .....    |  |

| V. Credits   | Shareholder | Total Company |
|--|-------------|---------------|
| <b>Nonrefundable:</b>  |             |               |
| 1. Apprenticeship .....  |             |               |
| 2. Affordable housing .....  |             |               |
| 3. Aviation/aerospace .....  |             |               |
| 4. Housing investor .....  |             |               |
| 5. Attracting powerful economic expansion .....                        |             |               |
| 6. Short line railroad .....   |             |               |
| 7. Center for entrepreneurship .....                                   |             |               |
| 8. Business and job development .....                                  |             |               |
| 9. Historic preservation .....   |             |               |
| 10. Disabled access .....  |             |               |
| 11. Eisenhower Foundation contribution .....                           |             |               |
| 12. Purchases from qualified vendor .....                              |             |               |
| 13. Friends of Cedar Crest Association contribution .....              |             |               |
| 14. Technology enabled fiduciary financial institutions .....          |             |               |
| 15. Research and development .....                                     |             |               |
| 16. Venture capital .....  |             |               |
| 17. Seed capital .....   |             |               |
| 18. a. High Performance Incentive Program training and education ..... |             |               |
| 18. b. High Performance Incentive Program investment .....             |             |               |
| 19. Community service contribution .....                               |             |               |
| 20. Targeted employment .....  |             |               |
| 21. Low income student scholarship .....                               |             |               |
| 22. Petroleum refinery .....   |             |               |
| 23. Single city port authority .....                                   |             |               |
| 24. Qualifying pipeline .....  |             |               |
| 25. BioMass-to-Energy .....  |             |               |
| 26. Storage and blending equipment .....                               |             |               |
| 27. Electric cogeneration facility .....                               |             |               |
| 28. Community college and technical college contribution .....         |             |               |
| 29. Commercial restoration and preservation .....                      |             |               |
| 30. Farm net operating loss .....                                      |             |               |
| 31. Pregnancy Resource Act .....                                       |             |               |
| <b>Refundable:</b>   |             |               |
| 32. Attracting powerful economic expansion .....                       |             |               |
| 33. Child day care assistance .....                                    |             |               |
| 34. Community service contribution .....                               |             |               |
| 35. Individual development account .....                               |             |               |
| 36. Farm net operating loss .....                                      |             |               |



**KANSAS SECRETARY OF STATE**  
**Information Report**  
**For-Profit Corporation**



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

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

**1. Business entity ID/file number:** Kansas Secretary of State issued file number.

7195753

**2. Name of corporation:** Must match name on record with Kansas Secretary of State.

INTERSTATE PRODUCTION COMPANY

**3. Principal office address:**

Must be a street, rural route or highway. **A PO box is unacceptable.**

**Do not leave blank.**

Street Address (A PO box is unacceptable.) (Required)

2901 VERONA

City

MISSION HILLS

State

KS

ZIP

66208

Country

**4. Reporting year:**

Year

2025

**5a. Name, title, and address of each officer of corporation:**

**Title and address required for each officer name.**

**Do not leave blank.**

If additional space is needed, please provide attachment.

|                             |             |                    |         |
|-----------------------------|-------------|--------------------|---------|
| Name<br>LAURENCE R JONES JR |             | Title<br>PRESIDENT |         |
| Address<br>2901 VERONA      |             |                    |         |
| City<br>MISSION HILLS       | State<br>KS | ZIP<br>66208       | Country |
| Name                        |             | Title              |         |
| Address                     |             |                    |         |
| City                        | State       | ZIP                | Country |
| Name                        |             | Title              |         |
| Address                     |             |                    |         |
| City                        | State       | ZIP                | Country |

**5b. Name and address of each director of corporation:**

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

If additional space is needed, please provide attachment.

|      |         |     |         |
|------|---------|-----|---------|
| Name | Address |     |         |
| City | State   | ZIP | Country |
| Name | Address |     |         |
| City | State   | ZIP | Country |
| Name | Address |     |         |
| City | State   | ZIP | Country |

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

OIL AND GAS PRODUCTION

**7a. Does this corporation hold more than 50 % equity ownership in any other business entity that is filed with the Kansas Secretary of State?**

Yes (Complete Question 7b.)  No (Skip to Question 8.)

**7b. Name and Kansas Secretary of State ID number of each business:**

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

|                      |                                     |
|----------------------|-------------------------------------|
| Business Entity Name | Kansas Secretary of State ID Number |
| Business Entity Name | Kansas Secretary of State ID Number |
| Business Entity Name | Kansas Secretary of State ID Number |

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

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

Yes (Complete Attachment AG.)  No (Skip to Question 9.)

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

|  |   |
|--|---|
| <b>Signature of Authorized Person (Required)</b> | <b>Title/Position (Required)</b>            |
| X  |   |
| Name of Signer (printed or typed)                | Phone Number (Not required)<br>816-474-9737 |

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

Enter your LDR 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 Not Required to File Franchise Tax
- Entity Not Required to File Income Tax
- First Time Filing of This Form
- Final Return
- Timely Requested Extensions for Federal Income Tax

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

|  |   |
|--|---|
| LA Corporation Income Tax Return for <b>2024</b> | LA Corporation Franchise Tax Return for <b>2025</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>                           |
| Ended Begun                                      | Ended Begun   |

|    |  |                  |
|----|--|------------------|
| A. | Federal Employer Identification Number   | <b>431231307</b> |
| B. | Total business interest expense  |                  |
| C. | Total business interest expense deduction  |                  |
| D. | Income tax apportionment percentage  | <b>20 93</b>     |
| E. | Gross revenues   | <b>165875</b>    |
| F. | Total assets   | <b>696560</b>    |
| G. | NAICS code   | <b>211120</b>    |
| H. | Enter the state abbreviation for location of the principal place of business.            | <b>KS</b>        |
| I. | Does the income of this corporation include the income of any disregarded entities?      | Yes No <b>X</b>  |
| J. | Was the income of this corporation included in a consolidated federal income tax return? | Yes No <b>X</b>  |
| K. | If answered yes to J, enter FEIN of consolidated federal income tax return.              |                  |
| L. | Do the books of the corporation contain intercompany debt?                               | Yes No <b>X</b>  |
| M. | Enter the code for the federal form filed.   | <b>2</b>         |
| N. | Enter the code for the type of entity.   | <b>1</b>         |
| O. | Pass-Through Entity Tax Election   |                  |

| Computation of Income Tax - See instructions. |   |
|---|---|
| 1A.   | Louisiana net income before loss adjustments <span style="float: right;"><b>2102</b></span> |
| 1B.   | Subchapter S corporation exclusion  |
|   | Loss carryforward   |
|   | [\$ federal tax refund applicable to loss] <span style="float: right;">.00</span> <b>*</b>  |
| 1C.   | Attach schedule. <span style="float: right;">.00</span>                                     |
| 1C1.  | Loss carryforward utilized  |
| 1D.   | Louisiana taxable income <span style="float: right;"><b>2102</b></span>                     |
| 2.  | Louisiana income tax <span style="float: right;"><b>74</b></span>                           |
| 3.  | Nonrefundable income tax credits from Schedule NRC-P1                                       |
| 4.  | Income tax after priority 1 credits <span style="float: right;"><b>74</b></span>            |

| Computation of Franchise Tax - See instructions. |  |
|--|--|
| 5A.  | Total capital stock, surplus, & undivided profits <span style="float: right;"><b>568259</b></span> |
| 5B.  | Franchise tax apportionment percentage <span style="float: right;"><b>10 4700</b></span>           |
| 5C.  | Franchise taxable base <span style="float: right;"><b>59497</b></span>                             |
| 6.   | Amount of assessed value of real and personal property in Louisiana in 2024                        |
| 7.   | Louisiana franchise tax  |
| 8.   | Nonrefundable franchise tax credits from Schedule NRC-P1   |
| 9.   | Franchise tax after priority 1 credits   |

**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.**



**FOR OFFICE USE ONLY**

Field Flag

454401  
08-30-24

DEV ID 2249

22541

| Net Amount Due   |      |                     |                        |                |
|--|------|---------------------|------------------------|----------------|
|  |      | Col. 1 - Income Tax | Col. 2 - Franchise Tax | Col. 3 - Total |
| 10. Tax liability after priority 1 credits                     | 10.  | 74                  | 10.                    |                |
| 11. Refundable credits from Schedule RC-P2                     | 11.  |                     | 11.                    |                |
| 12. Tax liability after priority 2 credits                     | 12.  | 74                  | 12.                    |                |
| 13. Overpayment after priority 2 credits                       | 13.  |                     | 13.                    |                |
| 14. Nonrefundable credits from Schedule NRC-P3                 | 14.  |                     | 14.                    |                |
| 15. Tax liability after priority 3 credits                     | 15.  | 74                  | 15.                    |                |
| 16A. Overpayment after priority 2 credits                      | 16A. |                     | 16A.                   |                |
| 16B. Refundable credits from Schedule RC-P4                    | 16B. |                     | 16B.                   |                |
| 16C. Credit carryforward from prior year return                | 16C. |                     | 16C.                   |                |
| 16D. Estimated payments  | 16D. |                     |                        |                |
| 16E. Amount of extension payment                               | 16E. |                     | 16E.                   |                |
| 16F. Total refundable credits and payments                     | 16F. |                     | 16F.                   |                |
| 17. Overpayment  | 17.  |                     | 17.                    |                |
| 18. Tax due  | 18.  | 74                  |                        |                |
| 19. Amount of Income tax overpayment applied to franchise tax  | 19.  |                     | 19.                    |                |
| 20. Net Tax due  | 20.  |                     | 20.                    |                |
| 21. Interest   | 21.  |                     | 21.                    |                |
| 22. Delinquent filing penalty                                  | 22.  |                     | 22.                    |                |
| 23. Delinquent payment penalty                                 | 23.  |                     | 23.                    |                |
| 24. Additional donation to The Military Family Assistance Fund | 24.  |                     | 24.                    |                |
| 25. Total amount due   | 25.  | 74                  | 25.                    | 74             |

▼ PAY THIS AMOUNT ▼

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| Net Amount Due  |                     |                        |                |
|---|---------------------|------------------------|----------------|
|   | Col. 1 - Income Tax | Col. 2 - Franchise Tax | Col. 3 - Total |
| 26. Net overpayment   |                     |                        | 26.            |
| 27. Amount of overpayment you want to donate to The Military Family Assistance Fund |                     |                        | 27.            |
| 28. Amount of overpayment to be credited to 2025 income tax                         |                     |                        | 28.            |
| 29. Amount of overpayment to be credited to 2026 franchise tax                      |                     |                        | 29.            |
| 30. Amount of overpayment to be refunded  |                     |                        | 30.            |

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 preparer has any knowledge.

|                       |                                      |                   |
|-----------------------|--------------------------------------|-------------------|
| Signature of Officer  | Title of Officer<br><b>PRESIDENT</b> |                   |
| Print Name of Officer | Telephone<br><b>816-474-9737</b>     | Date (mm/dd/yyyy) |
| E-mail Address        |                                      |                   |

|                                       |   |   |  |   |
|---------------------------------------|---|---|--|---|
| <b>PAID<br/>PREPARER<br/>USE ONLY</b> | Print Preparer's Name<br><b>CRAIG A. ADAMSON</b>          | Preparer's Signature<br><b>CRAIG A. ADAMSON</b> | Date (mm/dd/yyyy)<br><b>03/24/2025</b> | Check <input type="checkbox"/> if Self-employed |
|                                       | Firm's Name ▶ <b>ADAMSON &amp; COMPANY, LLC</b>           | Firm's FEIN ▶ <b>45-3980748</b>                 |  |   |
|                                       | Firm's Address ▶ <b>4101 S ALAMEDA ST CORPUS TX 78411</b> | Telephone ▶ <b>361-887-8916</b>                 |  |   |

**IMPORTANT!**

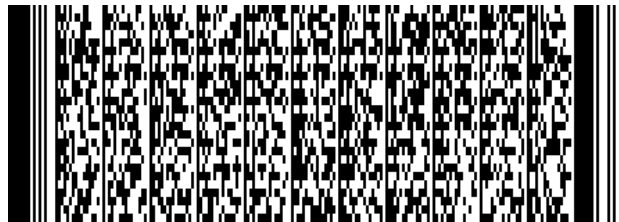
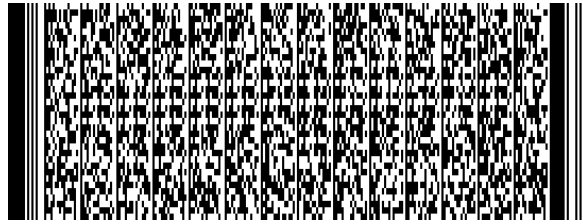
All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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

**P00246572**

For Office  
Use Only.





**IMPORTANT!**

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| Schedule NRC-P1 - Nonrefundable Priority 1 Credits   |      |                                    |                                       |
|--|------|------------------------------------|---------------------------------------|
| Description  | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.   |      |                                    |                                       |
| 2.   |      |                                    |                                       |
| 3.   |      |                                    |                                       |
| 4.   |      |                                    |                                       |
| 5.   |      |                                    |                                       |
| 6.   |      |                                    |                                       |
| 7. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 6. Enter here and on Form CIFT-620, Line 3.    |      |                                    |                                       |
| 8. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 6. Enter here and on Form CIFT-620, Line 8. |      |                                    |                                       |

| Description | Code | Description           | Code | Description                 | Code |
|-------------|------|-----------------------|------|-----------------------------|------|
| Premium Tax | 100  | Qualified Playgrounds | 150  | Donations to Public Schools | 170  |
| Bone Marrow | 120  | Debt Issuance         | 155  | Other                       | 199  |

| Schedule RC-P4 - Refundable Priority 4 Credits   |      |                                    |                                       |
|--|------|------------------------------------|---------------------------------------|
| Description  | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.   |      |                                    |                                       |
| 2.   |      |                                    |                                       |
| 3.   |      |                                    |                                       |
| 4.   |      |                                    |                                       |
| 5.   |      |                                    |                                       |
| 6. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on Form CIFT-620, Line 16B, Col. 1. |      |                                    |                                       |
| 7. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter here and on Form CIFT-620, Line 16B Col. 2.          |      |                                    |                                       |

| Description            | Code |
|------------------------|------|
| Inventory Tax          | 50F  |
| Ad Valorem Natural Gas | 51F  |



| Schedule NRC-P3 - Part I - Nonrefundable Priority 3 Credits |      |                                    |                                       |
|---|------|------------------------------------|---------------------------------------|
| Description   | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.  |      |                                    |                                       |
| 2.  |      |                                    |                                       |
| 3.  |      |                                    |                                       |
| 4.  |      |                                    |                                       |
| 5.  |      |                                    |                                       |
| 6.  |      |                                    |                                       |

| Description                  | Code |
|------------------------------|------|
| New Jobs Credit              | 224  |
| Eligible Re-Entrants         | 228  |
| Apprenticeship (2007)        | 236  |
| Tax Equalization             | 305  |
| Manufacturing Establishments | 310  |
| Other                        | 399  |
| Refunds by Utilities         | 412  |

| Description                             | Code |
|---|------|
| Donation to School Tuition Organization | 424  |
| QMC Music Job Creation Credit           | 454  |
| Neighborhood Assistance                 | 457  |
| Research and Development                | 458  |
| Ports of Louisiana Import Export Cargo  | 459  |

| Description   | Code |
|---|------|
| LA Import   | 460  |
| LA Work Opportunity                                       | 461  |
| Youth Jobs  | 462  |
| Apprenticeship (2022)                                     | 463  |
| Donation to Qualified Foster Care Charitable Organization | 464  |
| Inventory Tax Credit Carried Forward and ITEP             | 500  |

| Description                                   | Code |
|---|------|
| Ad Valorem Natural Gas Credit Carried Forward | 502  |
| Atchafalaya Trace                             | 504  |
| Cane River Heritage                           | 506  |
| Ports of Louisiana Investor                   | 508  |
| Enterprise Zone                               | 510  |
| Recycling Credit                              | 550  |
| Other   | 599  |

| Schedule NRC-P3 - Part II - Transferable, Nonrefundable Priority 3 Credits   |      |                                    |                                       |
|--|------|------------------------------------|---------------------------------------|
| Description  | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 7.   |      |                                    |                                       |
| 7A.  |      |                                    |                                       |
| 8.   |      |                                    |                                       |
| 8A.  |      |                                    |                                       |
| 9.   |      |                                    |                                       |
| 9A.  |      |                                    |                                       |
| 10. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 1.    |      |                                    |                                       |
| 11. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 2. |      |                                    |                                       |

**IMPORTANT! These codes must be claimed on Lines 7 through 9.**

| Description               | Code |
|---------------------------|------|
| Motion Picture Investment | 251  |
| Research and Development  | 252  |
| Historic Structures       | 253  |

| Description                   | Code |
|-------------------------------|------|
| Capital Company               | 257  |
| LCDFI                         | 258  |
| Motion Picture Infrastructure | 261  |

| Description    | Code |
|----------------|------|
| Angel Investor | 262  |
| Other          | 299  |



| Schedule RC-P2 - Part I - Refundable Priority 2 Credits |      |                                    |                                       |
|---|------|------------------------------------|---------------------------------------|
| Description   | Code | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 1.  |      |                                    |                                       |
| 2.  |      |                                    |                                       |
| 3.  |      |                                    |                                       |
| 4.  |      |                                    |                                       |
| 5.  |      |                                    |                                       |

| Schedule RC-P2 - Part II - Transferable, Refundable Priority 2 Credits  |       |                                    |                                       |
|---|-------|------------------------------------|---------------------------------------|
| Description   | Code  | Column A<br>Corporation Income Tax | Column B<br>Corporation Franchise Tax |
| 6. Musical and Theatrical Production  | 6 2 F |                                    |                                       |
| 6A.   |       |                                    |                                       |
| 7. Musical and Theatrical Production  | 6 2 F |                                    |                                       |
| 7A.   |       |                                    |                                       |
| 8. Musical and Theatrical Production  | 6 2 F |                                    |                                       |
| 8A.   |       |                                    |                                       |
| 9. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on Form CIFT-620, Line 11, Col. 1.     |       |                                    |                                       |
| 10. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on Form CIFT-620, Line 11, Col. 2. |       |                                    |                                       |

| Description                  | Code |
|------------------------------|------|
| Ad Valorem Offshore Vessels  | 52F  |
| Telephone Company Property   | 54F  |
| Prison Industry Enhancement  | 55F  |
| Milk Producers               | 58F  |
| Technology Commercialization | 59F  |

| Description                                      | Code |
|--|------|
| School Readiness Child Care Provider             | 65F  |
| School Readiness Business - Supported Child Care | 67F  |

| Description  | Code |
|--|------|
| School Readiness Fees and Grants to Resource and Referral Agencies | 68F  |
| Retention and Modernization  | 70F  |

| Description                            | Code |
|--|------|
| Digital Interactive Media and Software | 73F  |
| Restaurant Recycling of Oyster Shells  | 79F  |
| Other Refundable Credit                | 80F  |



All applicable schedules must be completed.

**Schedule A - Required Information**

|  |  |   |      |            |
|--|--|---|------|------------|
| 1. 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?<br><br>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                                       | FEIN | Percentage |
|  |  | 2                                       |      |            |
|  | No <input checked="" type="checkbox"/>   | 3                                       |      |            |
|  |  | 4                                       |      |            |
|  |  | 5                                       |      |            |
|  | 2. 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?<br><br>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. | Yes <input checked="" type="checkbox"/> | 1    | FEIN/SSN   |
|  |  | 2                                       |      |            |
|  |  | 3                                       |      |            |
|  |  | 4                                       |      |            |
|  |  | 5                                       |      |            |
|  |  | No <input type="checkbox"/>             | 3    |            |
| 3. If you answered yes to Line 1 on Form 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                                       | FEIN | Percentage |
|  |  | 2                                       |      |            |
|  | No <input checked="" type="checkbox"/>   | 3                                       |      |            |
|  |  | 4                                       |      |            |
|  |  | 5                                       |      |            |
|  |  | No <input type="checkbox"/>             | 3    |            |

**Schedule B - Computation of Income Tax Apportionment Percentage**

| Description of Items Used as Ratios   | 1. Total Amount | 2. Louisiana Amount | 3. Percent |
|---|-----------------|---------------------|------------|
| 1. Net sales of merchandise and/or charges for services   |                 |                     |            |
| A. Sales  | 193491          | 40489               |            |
| B. Charges for services   |                 |                     |            |
| C. Other gross apportionable income   |                 |                     |            |
| D. Total - Add the amounts in Columns 1 and 2.  | 193491          | 40489               | 20.93 %    |
| 2. Certain oil & gas businesses only - Enter total wages, salaries, and other personal service compensation paid during the year. See instructions. If ratio not used, check box. <input checked="" type="checkbox"/> |                 |                     | %          |
| 3. Certain oil & gas businesses only - Income tax property ratio - Enter percentage from Schedule C, Line 24. See instructions. If ratio not used, check box. <input checked="" type="checkbox"/>                     |                 |                     | %          |
| 4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3. See instructions.   |                 |                     | %          |
| 5. Total of percents in Column 3  |                 |                     | 20.93 %    |
| 6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on Form CIFT-620, Line D.   |                 |                     | 20.93 %    |



| Schedule D - Computation of Louisiana Net Income   |               |            |  |        |     |
|--|---------------|------------|--|--------|-----|
| See instructions if separate accounting method is used and check box. <input type="checkbox"/> |               |            |  |        |     |
|  | Totals        |            |  | Totals |     |
| 1A. Gross receipts   | 165875        | .00        | 23. Energy efficient commercial buildings deduction                          |        | .00 |
| 1B. Less returns and allowances  |               | .00        | 24. Other deductions - Attach schedule.                                      | 177482 | .00 |
| 1C. Balance. Subtract Line 1B from Line 1A.  | 165875        | .00        | 25. <b>Total deductions - Add Lines 10 through 24.</b>                       | 203763 | .00 |
| 2. Less: Cost of goods sold and/or operations - Attach schedule.                               |               | .00        | 26. <b>Net income from all sources - Subtract Line 25 from Line 9.</b>       | 10042  | .00 |
| 3. Gross profit - Subtract Line 2 from Line 1C.  | 165875        | .00        | 27. Allocable income from all sources:                                       |        |     |
| 4. Gross rents   |               | .00        | 27A. Net rents and royalties from immovable or corporeal movable property    |        | .00 |
| 5. Gross royalties   | 47930         | .00        | 27B. Royalties from the use of patents, trademarks, etc.                     |        | .00 |
| 6. Income from estates, trusts, partnerships   |               | .00        | 27C. Income from estates, trusts, and partnerships                           |        | .00 |
| 7. Income from construction, repair, etc.  |               | .00        | 27D. Income from construction, repair, etc.                                  |        | .00 |
| 8. Other income - Attach schedule.   |               | .00        | 27E. Other allocable income  |        | .00 |
| <b>9. Total income - Add Lines 3 through 8.</b>  | <b>213805</b> | <b>.00</b> | 27F. Allocable expenses  | ( )    | .00 |
| 10. Compensation of officers   |               | .00        | 27G. Net allocable income from all sources                                   |        | .00 |
| 11. Salaries and wages (not deducted elsewhere)  |               | .00        | 28. Net income subject to apportionment - Subtract Line 27G from Line 26.    | 10042  | .00 |
| 12. Repairs  |               | .00        | 29. Net income apportioned to Louisiana                                      | 2102   | .00 |
| 13. Bad debts  |               | .00        | 30. Allocable income from Louisiana sources:                                 |        |     |
| 14. Rent   |               | .00        | 30A. Net rents and royalties from immovable or corporeal movable property    |        | .00 |
| 15. Taxes and licenses - Attach schedule.  | 6136          | .00        | 30B. Royalties from the use of patents, trademarks, etc.                     |        | .00 |
| 16. Interest   |               | .00        | 30C. Income from estates, trusts, and partnerships                           |        | .00 |
| 17. Charitable Contributions   |               | .00        | 30D. Income from construction, repair, etc.                                  |        | .00 |
| 18. Depreciation - Attach schedule.  |               | .00        | 30E. Other allocable income  |        | .00 |
| 19. Depletion - Attach schedule.   | 20145         | .00        | 30F. Allocable expenses  | ( )    | .00 |
| 20. Advertising  |               | .00        | 30G. Net allocable income from Louisiana sources                             |        | .00 |
| 21. Pension, profit sharing, stock bonus, and annuity plans                                    |               | .00        | 31. Louisiana net income before loss adjustments - Add Line 29 and Line 30G. | 2102   | .00 |
| 22. Other employee benefit plans   |               | .00        |  |        |     |



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

|   |       |   |       |
|---|-------|---|-------|
| 1. Net income per books   | 31492 | 6. Total - Add Lines 1 through 5c.  | 31492 |
| 2. Louisiana income tax   |       | 7. Income recorded on books this year, but not included in this return - Attach Schedule. | 1305  |
| 3. Excess of capital loss over capital gains                              |       | 8. Deductions in this tax return not charged against book income this year                |       |
| 4. Taxable income not recorded on books this year - Attach schedule       |       | a. Depreciation   |       |
| 5. Expenses recorded on books this year, but not deducted in this return: |       | b. Depletion  | 25297 |
| a. Depreciation   |       | c. Other - Attach Schedule.   |       |
| b. Depletion  |       | 9. Total - Add Lines 7 through 8c.  | 26602 |
| c. Other - Attach schedule.   |       | 10. Net income from all sources per return - Subtract Line 9 from Line 6.                 | 4890  |

**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> |
|--|-----------------------------|-----------------------|
| 1. Accounts payable  | 301                         | 301                   |
| 2. 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    |                             |                       |
| 3. Other current liabilities - Attach schedule.  |                             |                       |
| 4. Loans from stockholders - Attach schedule.  | 128000                      | 128000                |
| 5. Due to subsidiaries and affiliates  |                             |                       |
| 6. 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 |                             |                       |
| 7. Other liabilities - Attach schedule.  |                             |                       |
| 8. Capital stock: a. Preferred stock   |                             |                       |
| b. Common stock  | 1000                        | 1000                  |
| 9. Paid-in or capital surplus  | 883316                      | 883316                |
| 10. Surplus reserves - Attach schedule.  |                             |                       |
| 11. Earned surplus and undivided profits   | -347549                     | -316057               |
| 12. Excessive reserves or undervalued assets   |                             |                       |
| <b>13. Totals - Add Lines 1 through 12.</b>  | <b>665068</b>               | <b>696560</b>         |



All applicable schedules must be completed.

| <b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b>   |          |
|--|----------|
| See Louisiana Revised Statutes 47:287.71, 47:287.73, and 47:287.82 for information.  |          |
|  | Column 1 |
| 1. Enter the total net income calculated under federal law before special deductions.  | 10847    |
| a. Federal disallowed business interest expense <i>(See instructions.)</i>   |          |
| <b>2. Additions to federal net income:</b>   |          |
| a. Louisiana income tax  |          |
| b. Related members interest\intangible\management fee expenses or costs - From Form R-6950 <i>(See instructions.)</i>                  |          |
| c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit <i>(See instructions.)</i>  |          |
| d. Other additions - Attach schedule.  |          |
| e. Total additions - Add Lines 2a through 2d.  |          |
| <b>3. Subtractions from federal net income:</b>  |          |
| a. Bank dividends <i>(See instructions.)</i>   |          |
| b. All other dividends   |          |
| c. Interest  | 805      |
| d. Road Home - The amount included in federal taxable income   |          |
| e. Louisiana depletion in excess of federal depletion  |          |
| f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C   |          |
| g. Exempt amount of related members interest\intangible\management fee expenses or costs - From Form R-6950 <i>(See instructions.)</i> |          |
| h. Compensation for disaster services <i>(See instructions.)</i>   |          |
| i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.  |          |
| j. COVID-19 Relief Benefits  |          |
| k. Other subtractions - Attach schedule.   |          |
| l. Total subtractions - Add Lines 3a through 3k.   | 805      |
| 4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 26.   | 10042    |



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>   |                      |
|---|----------------------|
| 1. Capital Stock  |                      |
| 1A. Common Stock - Include paid-in or Capital Surplus   |                      |
| 1B. Preferred Stock - Include paid-in or Capital Surplus  |                      |
| 2. Total Capital stock - Add Lines 1A and 1B.   |                      |
| 3. Surplus and undivided profits  |                      |
| 4. Surplus reserves - Include any excessive reserves or undervalued assets.   |                      |
| 5. Total - Add Lines 2, 3, and 4.   |                      |
| 6. Due to subsidiaries and affiliates (Do not net with receivables.)  |                      |
| 7. Deposit liabilities to affiliates - Included in the amount on Line 6   |                      |
| 8. Accounts payable less than 180 days old - Included in the amount on Line 6   |                      |
| 9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6.  |                      |
| 10A. 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.        |                      |
| 10B. 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.          |                      |
| 11. Additional Surplus and Undivided Profits - See instructions.  |                      |
| <b>Total Franchise Taxable Base</b>   |                      |
| 12. Capital Stock - Common Stock  | 1000                 |
| Preferred Stock   |                      |
| 13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value.   | 883316               |
| 14. Surplus reserves - Attach schedule.   |                      |
| 15. Earned surplus and undivided profits  | -316057              |
| 16. Excessive reserves or undervalued assets  |                      |
| 17. Additional surplus and undivided profits - From Line 11 above   |                      |
| 18. Allowable deductions - See instructions.  | <input type="text"/> |
| <b>19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also, enter the total on Form CIFT-620, Line 5A. Round to the nearest dollar.</b> | <b>568259</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.



| <b>Schedule H - Computation of Corporate Franchise Tax Property Ratio</b>    |                    |                      |
|--|--------------------|----------------------|
|  | Located Everywhere | Located in Louisiana |
|  | 1. End of Year     | 2. End of Year       |
| 1. Cash  | 210601             |                      |
| 2. Notes and accounts receivable   |                    |                      |
| 3. Reserve for bad debts   | ( )                | ( )                  |
| 4. Investment in U.S. gov. obligations                                       |                    |                      |
| 5. Stock and obligations of subsidiaries                                     |                    |                      |
| 6. Other investments - Attach schedule                                       | 485959             |                      |
| 7. Loans to stockholders   |                    |                      |
| 8. Other intangible assets - Attach schedule                                 |                    |                      |
| 9. Accumulated depreciation  | ( )                | ( )                  |
| 10. Total intangible assets - Add Lines 1 through 9.                         | 696560             |                      |
| 11. Inventories  |                    |                      |
| 12. Bldgs. and other depreciable assets                                      | 266034             |                      |
| 13. Accumulated depreciation   | ( 266034 )         | ( )                  |
| 14. Depletable assets  | 412612             |                      |
| 15. Accumulated depletion  | ( 412612 )         | ( )                  |
| 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.                                      | 696560             |                      |
| 21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)     |                    | .00 %                |



| <b>Schedule I - Computation of Corporation Franchise Tax Apportionment Percentage</b>  |                        |                            |                   |
|--|------------------------|----------------------------|-------------------|
| <b>Description of Items Used as Ratios</b>   | <b>1. Total Amount</b> | <b>2. Louisiana Amount</b> | <b>3. Percent</b> |
| 1. Net sales of merchandise, charges for services, and other revenues  |                        |                            |                   |
| A. Sales   | 193491                 | 40489                      |                   |
| B. Charges for services  |                        |                            |                   |
| C. Other Revenues  |                        |                            |                   |
| (i) Rents and royalties  |                        |                            |                   |
| (ii) Dividends and interest from subsidiaries  |                        |                            |                   |
| (iii) Other dividends and interest   |                        |                            |                   |
| (iv) All other revenues  |                        |                            |                   |
| D. Total - If the ratio is not used, check the box. <input type="checkbox"/>   | 193491                 | 40489                      | 20.93 %           |
| 2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/> |                        |                            | .00 %             |
| 3. Total of applicable percents in Column 3  |                        |                            | 20.93 %           |
| 4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on Form CIFT-620, Line 5B.                                   |                        |                            | 10.47 %           |



| <b>Schedule J - Calculation of Income Tax</b>   |  |             |                        |
|---|--|-------------|------------------------|
| 1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> |  |             | 2102                   |
| 2. Calculation of tax   | <b>Column 1</b><br>Net income<br>in each bracket | <b>Rate</b> | <b>Column 2</b><br>Tax |
| a. First \$50,000 of net taxable income   | 2102   | x 3.5% =    | 74                     |
| b. Next \$100,000   |  | x 5.5% =    |                        |
| c. Over \$150,000   |  | x 7.5% =    |                        |
| 3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.  | 2102   |             |                        |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.                            |  |             | 74                     |

| <b>Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax</b>  |  |             |                        |
|---|--|-------------|------------------------|
| 1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> |  |             |                        |
| 2. Calculation of Tax   | <b>Column 1</b><br>Net income<br>in each bracket | <b>Rate</b> | <b>Column 2</b><br>Tax |
| a. First \$25,000 of net taxable income   |  | x 1.85% =   |                        |
| b. Next \$75,000  |  | x 3.5% =    |                        |
| c. Over \$100,000   |  | x 4.25% =   |                        |
| 3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.  |  |             |                        |
| 4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.                            |  |             |                        |

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



| <b>Schedule L - Calculation of Franchise Tax</b>  |       |
|---|-------|
| 1. Enter the amount from Form CIFT-620, Line 5C or Line 6, whichever is greater. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/> | 59497 |
| 2. Enter the amount of Line 1 or \$300,000, whichever is less.  | 59497 |
| 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 Form CIFT-620, Line 7.                   |       |

| <b>Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned Surplus and Undivided Profits per Books</b> |          |  |          |
|--|----------|--|----------|
| 1. Balance at beginning of year  | - 347549 | b. Stock   |          |
| 2. Net income per books  | 31492    | c. Property  |          |
| 3. Other increases - Attach schedule.  |          | 6. Other decreases - Attach schedule.                    |          |
| 4. Total - Add Lines 1, 2, and 3.  | - 316057 | 7. Total - Add Lines 5a through 6.                       |          |
| 5. Distributions: a. Cash  |          | 8. Balance at end of year - Subtract Line 7 from Line 4. | - 316057 |

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



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LA FORM CIFT-620 OTHER DEDUCTIONS FOR PURPOSES OF FORM 1120 STATEMENT 1

---

| <u>DESCRIPTION</u>                                 | <u>AMOUNT</u>   |
|--|-----------------|
| OTHER EXPENSES FROM DEPLETION PROPERTIES           | 98,192.         |
| BANK CHARGES                                       | 60.             |
| OUTSIDE SERVICES                                   | 48,000.         |
| DUES AND SUBSCRIPTIONS                             | 26,955.         |
| MISCELLANEOUS                                      | 4,275.          |
| TOTAL OTHER DEDUCTIONS PROFORMA FORM 1120, LINE 23 | <u>177,482.</u> |

LA FORM CIFT-620 S CORPORATION EXCLUSION CALCULATION STATEMENT 2

| NAME, ADDRESS, AND<br>SSN OR FEIN NUMBER  | X IF SHAREHOLDER FILED<br>LOUISIANA TAX RETURN |                    | QUALIFIED SHARES<br>FOR S CORP<br>EXCLUSION RATIO<br>NUMERATOR |
|---|--|--------------------|--|
|   | DISTRIBUTIVE<br>SHARE**                        | YEAR END<br>SHARES |  |
| LAURANCE R. JONES, JR<br>2901 VERONA<br>MISSION HILLS , KS 66208<br>388-38-7434 | 30,992.  | 1,000.             | 0.   |
| TOTALS  |  | 1,000.             | 0.   |

LOUISIANA NET INCOME 2,102. X  $\frac{\text{QUALIFIED SHARES } 0.}{\text{TOTAL SHARES } 1,000.}$  = S CORPORATION EXCLUSION 0.

- \* IF CHECKED, THE LA PASS-THROUGH ENTITY ELECTION HAS BEEN SELECTED, AND THEREFORE THE S-CORP EXCLUSION HAS DEFAULTED TO \$0.
- \*\* THE DISTRIBUTIVE SHARE REPORTED ABOVE IS THE SUM OF LINES 1 THROUGH 12 OF EACH SHAREHOLDER'S FEDERAL K-1.

LA FORM CIFT-620 SCHEDULE A - STOCK OWNERSHIP BY OTHERS STATEMENT 3

| NAME, ADDRESS, AND FEIN  | SHAREHOLDER'S PERCENTAGE OF STOCK |
|--|-----------------------------------|
| 388387434  | 100.0000                          |
| LAURANCE R. JONES, JR<br>2901 VERONA<br>MISSION HILLS , KS 66208 |                                   |

LA FORM CIFT-620 SCHEDULE D - TAXES AND LICENSES STATEMENT 4

| DESCRIPTION                                     | LA AMOUNT | TOTAL AMOUNT |
|---|-----------|--------------|
| TAXES DEDUCTED ON FEDERAL RETURN                |           | 6,136.       |
| TOTALS TO CIFT-620, PAGE 9, SCHEDULE D, LINE 15 |           | 6,136.       |

LA FORM CIFT-620 SCHEDULE D - OTHER DEDUCTIONS STATEMENT 5

| DESCRIPTION                                    | LOUISIANA | EVERYWHERE |
|--|-----------|------------|
| OTHER EXPENSES FROM DEPLETION PROPERTIES       |           | 98,192.    |
| BANK CHARGES                                   |           | 60.        |
| OUTSIDE SERVICES                               |           | 48,000.    |
| DUES AND SUBSCRIPTIONS                         |           | 26,955.    |
| MISCELLANEOUS                                  |           | 4,275.     |
| TOTALS TO CIFT-620 PAGE 9, SCHEDULE D, LINE 23 |           | 177,482.   |

LA FORM CIFT-620A SCHEDULE D - DEPLETION STATEMENT 6

| DESCRIPTION                                     | LA AMOUNT | TOTAL AMOUNT |
|---|-----------|--------------|
| FEDERAL DEPLETION DEDUCTION                     |           | 20,145.      |
| TOTALS TO CIFT-620A PAGE 9, SCHEDULE D, LINE 19 |           | 20,145.      |

LA FORM CIFT-620 SCHEDULE G - LOANS FROM STOCKHOLDERS STATEMENT 7

| DESCRIPTION                                    | BEGINNING OF TAX YEAR | END OF TAX YEAR |
|--|-----------------------|-----------------|
| LOANS FROM PARTNERS / SHAREHOLDERS             | 128,000.              | 128,000.        |
| TOTALS TO CIFT-620 PAGE 11, SCHEDULE G, LINE 4 | 128,000.              | 128,000.        |

LA FORM CIFT-620 SCHEDULE E - BOOKED INCOME NOT ON RETURN STATEMENT 8

| DESCRIPTION                                   | AMOUNT |
|---|--------|
| INTEREST INCOME                               | 805.   |
| NONTAXABLE STATE REFUNDS                      | 500.   |
| TOTAL TO CIFT-620 PAGE 10, SCHEDULE E, LINE 7 | 1,305. |

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INVESTMENTS STATEMENT 9

| DESCRIPTION  | BEGINNING OF TAX YEAR | END OF TAX YEAR |
|--|-----------------------|-----------------|
| CAMTERRA RESOURCES LIMITED   | 485,959.              | 485,959.        |
| TOTALS TO CIFT-620 PAGE 8, SCHEDULE C, LINE 6<br>PAGE 13, SCHEDULE H, LINE 6 | 485,959.              | 485,959.        |

## Calculation of Taxable Income for Purposes of Form 1120

|           |  |          |          |
|-----------|--|----------|----------|
| 1         | Gross Receipts or Sales                          | 165,875. |          |
|           | Less: Returns & Allowances                       |          |          |
|           |  | -----    | 165,875. |
| 2         | Cost of goods sold and/or operations             |          | -----    |
| 3         | Gross Profit (line 1(c) less line 2)             |          | 165,875. |
| 4         | Dividends  |          |          |
| 5         | Interest   |          | 805.     |
| 6         | Gross Rents                                      |          |          |
| 7         | Gross Royalties                                  |          | 47,930.  |
| 8         | Capital gain net income                          |          |          |
| 9         | Net gain (loss) from Form 4797, Part II, line 17 |          |          |
| 10        | Other income                                     |          | -----    |
| 11        | Total income - Add lines 3 through 10            |          | 214,610. |
| Expenses: |  |          |          |
| 12        | Compensation of Officers                         |          |          |
| 13        | Salaries & Wages                                 |          |          |
|           | Less: jobs credit                                |          |          |
|           |  | -----    |          |
| 14        | Repairs  |          |          |
| 15        | Bad debts  |          |          |
| 16        | Rents  |          |          |
| 17        | Taxes  |          | 6,136.   |
| 18        | Interest   |          |          |
| 19        | Contributions                                    |          |          |
| 20        | Depreciation                                     |          |          |
| 21        | Less depreciation claimed elsewhere              |          | -----    |
| 22        | Depletion  |          | 20,145.  |
| 23        | Advertising                                      |          |          |
| 24        | Pension, profit-sharing, etc., plans             |          |          |
| 25        | Employee benefit programs                        |          |          |
| 26        | Domestic Production Activities Deduction         |          |          |
| 27        | Other deductions                                 |          | 177,482. |
|           |  | -----    |          |
| 28        | Total deductions                                 |          | 203,763. |
|           |  | -----    |          |
| 29        | Taxable income as a 'C' Corporation              |          | 10,847.  |
|           |  | =====    |          |

# Oklahoma Small Business Corporation Income Tax Return

Form 512-S  
2024



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

For the year January 1 - December 31, 2024, or other taxable year beginning:  **2024** ending:

|   |   |   |   |
|---|---|---|---|
| Name of Corporation<br><b>INTERSTATE PRODUCTION COMPANY</b> |   | Federal Employer Identification Number<br><b>43-1231307</b> | Business Code Number<br><b>211120</b>       |
| Street Address<br><b>2901 VERONA</b>                        |   |   |   |
| City<br><b>MISSION HILLS</b>                                | State or Province<br><b>KS</b>            | Country<br><input type="text"/>                             | ZIP or Foreign Postal Code:<br><b>66208</b> |
| Date of Incorporation<br><b>05/26/81</b>                    | Under the Laws Of<br><input type="text"/> | County in Which Located<br><input type="text"/>             | Type of Business<br><b>OIL AND GA</b>       |

**Extension** - If you have applied for an extension from the IRS, place an 'X' here and provide a copy.

Place an 'X' if: (1)  Initial Return (2)  Final Return (3)  Amended Return (See Schedule 512-S-X on page 9)

Any entity required to file an Oklahoma S corporation income tax return may elect to become an electing PTE by filing an income tax return prior to but not later than the due date of the applicable return, including any extensions.

(4) Place an 'X' here if you are an existing Electing PTE: (Acknowledgement included)  (5) Place an 'X' here if this is your first-year PTE election: (Form 586 included)

**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                       | <b>2354</b> | <b>00</b>      |
| 1b | Nonresident share of Okla. capital gain deduction (provide Form(s) 561-S) .....  | 1b                       |             | 00             |
| 1c | Nonresident share of deductions (see instructions) .....   | 1c                       |             | 00             |
| 1  | Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box ..... | <input type="checkbox"/> | 1           | <b>2354</b> 00 |

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

|    |  |                          |           |                      |
|----|--|--------------------------|-----------|----------------------|
| 2a | Nonresident Oklahoma tax (4% of line 1) .....  | 2a                       | <b>94</b> | <b>00</b>            |
| 2b | Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23) .....  | 2b                       |           | 00                   |
| 2c | Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23) .....  | 2c                       |           | 00                   |
| 2  | Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box) ..... | <input type="checkbox"/> | 2         | <b>94</b> 00         |
| 3  | Other Credits Form (see instructions) (provide Form 511-CR) .....  | <input type="checkbox"/> | 3         | <input type="text"/> |
| 4  | Balance of tax due (line 2 minus line 3, but not less than zero) .....   | 4                        | <b>94</b> | <b>00</b>            |



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

FEIN: **43-1231307**

**PART ONE, SECTION TWO: CREDITS AND PAYMENTS**

|                    |  |    |     |    |
|--------------------|--|----|-----|----|
| 5                  | 2024 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) ..... | 5  |     |    |
| 6                  | Amount paid with extension request .....   | 6  |     | 00 |
| <b>STATEMENT 1</b> |  |    |     |    |
| 7                  | Oklahoma withholding ( <b>provide</b> withholding statement) .....   | 7  | 886 | 00 |
| 8                  | Refundable Credit from Form 578 .....  | 8  |     | 00 |
| 9                  | Amount paid with original return and amount paid after it was filed (amended return only) .....            | 9  |     | 00 |
| 10                 | Any refunds or overpayment applied (amended return only) .....   | 10 |     | 00 |
| 11                 | Total of lines 5 through 10 .....  | 11 | 886 | 00 |

**PART ONE, SECTION THREE: REFUND**

|    |   |                    |  |    |
|----|---|--------------------|--|----|
| 12 | If line 11 is more than line 4, subtract line 4 from line 11. This is your overpayment) .....   | <b>Overpayment</b> |  |    |
| 13 | Amount of line 12 to be credited to your 2025 estimated income tax (original return only) ..... | 13                 |  | 00 |

**Line 14 provides you the opportunity to make a donation from your tax refund to a variety of Oklahoma organizations. Place the line number of the organization from the line 14 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 attach a schedule showing how you would like your donation split.**

|    |   |               |    |     |
|----|---|---------------|----|-----|
| 14 | Donations from your refund .....                                      |               |    |     |
| 15 | Total (add lines 13 and 14) .....                                     | 15            |    | 00  |
| 16 | Amount of line 12 to be refunded to you (line 12 minus line 15) ..... | <b>Refund</b> | 16 | 792 |

**Direct Deposit Note:** ▶  
 All refunds must be by direct deposit. See Direct Deposit Information on page 14 of the 512-S Packet for details.

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

Deposit my refund in my:  Checking Account  Savings Account

Routing Number: 101000019

Account Number: 002788831



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

FEIN: **43-1231307**

**PART ONE, SECTION FOUR: AMOUNT YOU OWE**

|    |  |                        |                          |    |    |
|----|--|------------------------|--------------------------|----|----|
| 17 | If line 4 is more than line 11, subtract line 11 from line 4. This is your tax due | Income Tax Due         | 17                       |    | 00 |
| 18 | Underpayment of estimated tax interest   | Annualized             | <input type="checkbox"/> | 18 | 00 |
| 19 | <b>For delinquent payment</b> add penalty of 5% interest of 1.25% per month        | \$                     | plus                     | 19 | 00 |
| 20 | Total tax, penalty and interest (add lines 17 - 19)                                | Income Tax Balance Due | 20                       |    | 00 |

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                         |  |
|                         |  |                       |  | <b>CRAIG A ADAMSON</b>      |  | <b>03/24/25</b>              |  |
| Printed Name of Officer |  | Officer Email Address |  | Printed Name of Preparer    |  | Preparer Email Address       |  |
|                         |  |                       |  | <b>ADAMSON &amp; COMPAN</b> |  | <b>CRAIG@ADAMSONCPA.FIRM</b> |  |
| Title                   |  | Phone Number          |  | Phone Number                |  | Preparer's PTIN              |  |
| <b>PRESIDENT</b>        |  |                       |  | <b>361 887 8916</b>         |  | <b>P00246572</b>             |  |

**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.



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

FEIN: **43-1231307**

**PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS** Complete Column A. Column B should be completed by S Corporations whose income is all within Oklahoma and/or by those whose income is partly within and partly without Oklahoma (not of a unitary nature). **CAUTION:** Include only trade or business income and expenses on lines 1a through 21 below.

|    |   | Column A<br>As reported on<br>Federal Return | Column B<br>Total applicable<br>to Oklahoma |
|----|---|--|---|
| 1  | a. Gross receipts or sales ..... \$ <u>165875</u>   |  |   |
|    | b. <b>Minus</b> returns and allowances ..... \$ _____   | 165875 00                                    | 1 00  |
| 2  | Cost of goods sold and/or operations .....  | 00   | 2 00  |
| 3  | Gross profit (subtract line 2 from line 1) .....  | 165875 00                                    | 3 00  |
| 4  | Net gain (loss) (Form 4797 Part II, line 17) .....  | 00   | 4 00  |
| 5  | Other income (loss) ( <b>provide</b> schedule) .....  | 00   | 5 00  |
| 6  | <b>Total income</b> (loss) (add lines 3 through 5) .....  | 165875 00                                    | 6 00  |
| 7  | Compensation of officers .....  | 00   | 7 00  |
| 8  | Salaries and wages .....  | 00   | 8 00  |
| 9  | Repairs and maintenance .....   | 00   | 9 00  |
| 10 | Bad debts .....   | 00   | 10 00                                       |
| 11 | Rent .....  | 00   | 11 00                                       |
| 12 | Taxes and licenses .....  | 6136 00                                      | 12 00                                       |
| 13 | Interest .....  | 00   | 13 00                                       |
| 14 | Depreciation .....  | 00   | 14 00                                       |
| 15 | Depletion (do not deduct oil and gas depletion) .....   | 00   | 15 00                                       |
| 16 | Advertising .....   | 00   | 16 00                                       |
| 17 | Pension, profit-sharing, etc. plans .....   | 00   | 17 00                                       |
| 18 | Employee benefit programs .....   | 00   | 18 00                                       |
| 19 | Other deductions ( <b>provide</b> schedule) .....   | 169440 00                                    | 19 00                                       |
| 20 | <b>Total deductions</b> (add lines 7 through 19) .....  | 175576 00                                    | 20 00                                       |
| 21 | <b>Ordinary Income (Loss) from trade or business:</b><br>Subtract line 20 from line 6. Enter here and on Part 3, line 1 ..... | -9701 00                                     | 21 00                                       |



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

FEIN: **43-1231307**

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

**INCOME (LINES 1 THROUGH 11)**

|    |  | Column A<br>As reported on<br>Federal Return |    | Column B<br>Total applicable<br>to Oklahoma |  |    |
|----|--|--|----|---|--|----|
| 1  | Ordinary income (loss) from trade or business (from Part 2, line 21) .....               | -9701  | 00 | 1   |  | 00 |
| 2  | Net income (loss) from rental real estate activity(ies) ( <b>provide</b> schedule) ..... |  | 00 | 2   |  | 00 |
| 3  | Net income (loss) from other rental activity(ies) ( <b>provide</b> schedule) .....       |  | 00 | 3   |  | 00 |
| 4  | Interest income  |  |    |   |  |    |
|    | a: Interest on loans, notes, mortgages, bonds, etc .....                                 |  | 00 | 4a  |  | 00 |
|    | b: Interest on obligations of a state or political subdivision .....                     |  |    | 4b  |  | 00 |
|    | c: Interest on obligations of the United States .....                                    |  | 00 | 4c  |  |    |
|    | d: Other interest income .....   | 805  | 00 | 4d  |  | 00 |
| 5  | Dividend income .....  |  | 00 | 5   |  | 00 |
| 6  | Royalties .....  | 47930  | 00 | 6   |  | 00 |
| 7  | Net short-term capital gain (loss) (Schedule D, 1120-S) .....                            |  | 00 | 7   |  | 00 |
| 8  | Net long-term capital gain (loss) (Schedule D, 1120-S) .....                             |  | 00 | 8   |  | 00 |
| 9  | Net gain (loss) under Section 1231 (other than due to casualty or theft) .....           |  | 00 | 9   |  | 00 |
| 10 | Other ( <b>provide</b> schedule) .....   |  | 00 | 10  |  | 00 |
| 11 | <b>Total income</b> (add lines 1 through 10) .....                                       | 39034  | 00 | 11  |  | 00 |

**DEDUCTIONS (LINES 12 THROUGH 17)**

|    |   |      |    |    |  |    |
|----|---|------|----|----|--|----|
| 12 | Section 179 deduction ( <b>provide</b> schedule) .....              |      | 00 | 12 |  | 00 |
| 13 | Contributions .....   |      | 00 | 13 |  | 00 |
| 14 | Deductions related to portfolio income .....                        | 8042 | 00 | 14 |  | 00 |
| 15 | Intangible drilling costs .....                                     |      | 00 | 15 |  | 00 |
| 16 | Other deductions authorized by law ( <b>provide</b> schedule) ..... |      | 00 | 16 |  | 00 |
| 17 | <b>Total Deductions</b> (add lines 12 through 16) .....             | 8042 | 00 | 17 |  | 00 |

**TOTAL (LINE 18)**

|    |  |       |    |    |      |    |
|----|--|-------|----|----|------|----|
| 18 | Net distributable income (line 11 minus line 17) ..... | 30992 | 00 | 18 | 2354 | 00 |
|----|--|-------|----|----|------|----|

If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 7 of packet.



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

FEIN: **43-1231307**

**PART 4: COMPUTATION OF OKLAHOMA TAXABLE INCOME OF A UNITARY ENTERPRISE WHOSE INCOME IS PARTLY WITHIN AND PARTLY WITHOUT OKLAHOMA**

|   |  |    |    |       |
|---|--|----|----|-------|
| 1   | Net distributable income from Page 5, Part 3, Column A, line 18 .....  |    | 1  | 30992 |
| 2   | Add: (a) Taxes based on income .....   | 2a |    |       |
|   | (b) Unallowable deduction (provide schedule) .....   | 2b |    |       |
|   | (c) Other income (provide schedule) .....  | 2c |    |       |
|   | (d) Total of lines 2a through 2c .....   | 2d |    |       |
| 3   | Deduct all items separately allocated  |    |    |       |
|   | (a) Interest on obligations of the United States .....   | 3a |    |       |
|   | (b) _____ .....  | 3b |    |       |
|   | (c) _____ .....  | 3c |    |       |
|   | (d) Total of lines 3a through 3c .....   |    | 3d |       |
| (Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.) |  |    |    |       |
| 4   | Net apportionable income (line 1 plus line 2d, minus line 3d) .....  |    | 4  | 30992 |
| 5   | Oklahoma's portion thereof <u>7.594</u> % .....  |    | 5  | 2354  |
| 6   | Add items separately allocated to Oklahoma:  |    |    |       |
|   | (a) _____ .....  | 6a |    |       |
|   | (b) _____ .....  | 6b |    |       |
|   | (c) _____ .....  | 6c |    |       |
|   | (d) _____ .....  | 6d |    |       |
|   | (e) Total of lines 6a through 6d .....   |    | 6e |       |
| 7   | Oklahoma net distributable income<br>(add lines 5 and 6e; enter here and on Page 5, Part 3, Column B, line 18) ..... |    | 7  | 2354  |



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

FEIN: **43-1231307**

**APPORTIONMENT FORMULA**

|   |   | <u>Column A</u>          | <u>Column B</u>                      | <u>Column C</u><br>(A divided by B) |
|---|---|--------------------------|--------------------------------------|-------------------------------------|
|   |   | Total Within<br>Oklahoma | Total Within and<br>Without Oklahoma | Percent Within<br>Oklahoma          |
| 1 | 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). |                          |                                      |                                     |
|   | (a) Owned property (at original cost):  |                          |                                      |                                     |
|   | (i) Inventories ..... 1ai   |                          |                                      |                                     |
|   | (ii) Depreciable property ..... 1aii  |                          |                                      |                                     |
|   | (iii) Land ..... 1aiii  |                          |                                      |                                     |
|   | (iv) Total of section "a" ..... 1aiv  |                          |                                      |                                     |
|   | (b) Rented property (capitalize at 8 times net rental paid) 1b  |                          |                                      |                                     |
|   | (c) Total of sections "a" and "b" above ..... 1c  | \$                       | \$                                   | 1c %                                |
| 2 | (a) Payroll ..... 2a  |                          |                                      |                                     |
|   | (b) Less: Officer salaries ..... 2b   |                          |                                      |                                     |
|   | (c) Total (subtract officer salaries from payroll) ..... 2c   | \$                       | \$                                   | 2c %                                |
| 3 | Sales:  |                          |                                      |                                     |
|   | (a) Sales delivered or shipped to Oklahoma purchasers:  |                          |                                      |                                     |
|   | (i) Shipped from outside Oklahoma ..... 3ai   | 0                        |                                      |                                     |
|   | (ii) Shipped from within Oklahoma ..... 3aii  | 14693                    |                                      |                                     |
|   | (b) Sales shipped from Oklahoma to:   |                          |                                      |                                     |
|   | (i) The United States Government ..... 3bi  | 0                        |                                      |                                     |
|   | (ii) Purchasers in a state or country where the corporation is not taxable (e.g. under Public Law 86-272) 3bii                                    | 0                        |                                      |                                     |
|   | (c) Total all of sections "a" and "b" ..... 3c  | \$ 14693                 | \$ 193491                            | 3c 7.594 %                          |
| 4 | If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: _____   |                          |                                      |                                     |
| 5 | Total percent (sum of items 1c, 2c and 3c) ..... 5  |                          |                                      | 7.594 %                             |
| 6 | Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 5) ..... 6  |                          |                                      | 7.594 %                             |

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



|   |                            |
|---|----------------------------|
| Name Shown on Form 512-S:<br><b>INTERSTATE PRODUCTION COMPANY</b> | FEIN:<br><b>43-1231307</b> |
|---|----------------------------|

**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 |
|----|---|-------------------------------|---------------|
| 1  | Name and Address<br>of Each Shareholder   | Name: <b>LAURANCE R JONES</b> |               |
|    | Address:  | <b>2901 VERONA</b>            |               |
|    | City, State, ZIP:   | <b>MISSION HILLS KS 66208</b> |               |
| 2  | SSN or FEIN   | <b>388-38-7434</b>            |               |
| 3  | Ownership Percentage  | <b>100.0000%</b>              |               |
| 4  | Distributable Federal Income<br>(Part 3, Column A, line 18 times Part 5<br>line 3)    | <b>30992</b>                  |               |
| 5  | Distributable Oklahoma Income<br>(Part 3, Column B, line 18 times Part 5<br>line 3**) | <b>2354</b>                   |               |
| 6  | Oil and Gas Depletion (Federal)   |                               |               |
| 7  | Oil and Gas Depletion (Oklahoma)  |                               |               |
| 8  | Amount of Credit  |                               |               |
| 9  | Type of Credit  |                               |               |
| 10 | Amount of Withholding   | <b>886</b>                    |               |
| 11 | Type of Withholding   | <b>OIL AND GAS ROYAL</b>      |               |

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

|    |   |   |  |
|----|---|---|--|
| 12 | Is a signed Form 512-SA provided?<br>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 checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|---|---|--|

|    |  |             |  |
|----|--|-------------|--|
| 13 | Nonresident Share of Income to Tax<br>if line 12 is NO (enter the distributable Oklahoma income from line 5) | <b>2354</b> |  |
|----|--|-------------|--|

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

|    |   |                |
|----|---|----------------|
| 14 | Add amounts shown in line 13 above for all Shareholders, and if applicable, from Form 512-S-SUP.<br>Enter here and on Page 1, Part 1, line 1a | \$ <b>2354</b> |
|----|---|----------------|

**\*\*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 500-A: Nonresident Royalty Withholding, Form 511-CR: Other Credits, Form 506: Investment/New Jobs Credit and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be provided.

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

FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY



Name Shown on Form 512-S: INTERSTATE PRODUCTION COMPANY

FEIN: 43-1231307

PART 6: ADDITIONAL INFORMATION

Location of Principal Accounting Records

2901 VERONA MISSION HILLS KS 66208
Address City State ZIP

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

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

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

Business name: \_\_\_\_\_ Date business began in Oklahoma: 05/26/1981

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

Schedule 512-S-X: Amended Return Schedule

A Did you file an amended federal income tax return? [ ] Yes [ ] No

If yes, provide a copy of IRS Form 1120X or 1139 and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B Is this return being filed due to a federal audit? [ ] Yes [ ] No

If yes, provide a complete copy of the revenue agent report (RAR).

C Explanation or reason for Amended return (Provide all necessary schedules):

Multiple horizontal lines for providing explanation or reason for amended return.

Instructions for filing an Amended Return

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 9. Enter any refund previously received or overpayment applied on line 10. Complete the Amended Return Schedule, Schedule 512-S-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.

**Oklahoma Shareholders' Distribution of Income**

2024

| Shareholder  | X If Nonresident | ID Number   | Number of Shares | Ownership Percentage |
|--|------------------|-------------|------------------|----------------------|
| 1 LAURANCE R. JONES, JR<br>2901 VERONA<br>MISSION HILLS , KS 66208 | X                | 388-38-7434 | 1,000            | 100.000000           |
| 2  |                  |             |                  |                      |
| 3  |                  |             |                  |                      |
| 4  |                  |             |                  |                      |
| 5  |                  |             |                  |                      |
| 6  |                  |             |                  |                      |

| Shareholder Number | Federal Distributive Income | Resident Oklahoma Income | Nonresident Oklahoma Income | X If No Nonresident Agreement | Taxable to Corporation |
|--------------------|-----------------------------|--------------------------|-----------------------------|-------------------------------|------------------------|
| 1                  | 30992                       |                          | 2354                        | X                             | 2354                   |
| 2                  |                             |                          |                             |                               |                        |
| 3                  |                             |                          |                             |                               |                        |
| 4                  |                             |                          |                             |                               |                        |
| 5                  |                             |                          |                             |                               |                        |
| 6                  |                             |                          |                             |                               |                        |

| Shareholder Number | Federal Oil and Gas | Oklahoma Oil and Gas |
|--------------------|---------------------|----------------------|
| 1                  |                     |                      |
| 2                  |                     |                      |
| 3                  |                     |                      |
| 4                  |                     |                      |
| 5                  |                     |                      |
| 6                  |                     |                      |

OK 512-S

WITHHOLDING TAX FOR NONRESIDENTS

STATEMENT 1

| <u>DESCRIPTION</u>                  | <u>AMOUNT</u> |
|-------------------------------------|---------------|
| WITHHOLDING FOR ROYALTY PAYMENTS    | 886.          |
| TOTAL TO FORM 512-S, PAGE 2, LINE 7 | 886.          |

| OKLAHOMA<br>SCHEDULE K-1<br>EQUIVALENT   | Shareholder's Information<br>For Calendar Year 2024, or Fiscal Year<br>, and Ending   |   | 2024 |
|--|---|---|------|
|  | Beginning   |   |      |
| Shareholder's Name, Address, and ZIP Code<br><br>LAURANCE R. JONES, JR<br>2901 VERONA<br>MISSION HILLS, KS 66208         | Shareholder's Identification Number<br>Percent of Shares Owned<br>Number of Shares Owned<br><br>Check Box if <input checked="" type="checkbox"/> Non-Resident | 388-38-7434<br>100.000000%<br>1,000.00<br><br>Check Box if Non-Resident <input checked="" type="checkbox"/><br>Agreement not Executed |      |
| Corporation's Name, Address, and ZIP Code<br><br>INTERSTATE PRODUCTION COMPANY<br>2901 VERONA<br>MISSION HILLS, KS 66208 | Corporation's Identifying Number<br><br>43-1231307  |   |      |

**Shareholder's Share of Income**

|  | Amount |
|--|--------|
| Distributable Federal Income .....                     | 30,992 |
| <b>NONRESIDENT</b> Distributable Oklahoma Income ..... | 2,354  |
| Depletion Federal Oil and Gas .....                    |        |
| Depletion Oklahoma Oil and Gas .....                   |        |

**Oklahoma S Corporation Withholding and Credits**

|   | Amount |
|---|--------|
| Oklahoma Withholding on Royalties for Nonresidents .....  | 886    |
| Investment Jobs Credit .....  |        |
| Credit for Investment in a Clean-Burning Motor Vehicle Fuel Property, Form 567-A, Part 1, Section A, Line 3 ..... |        |
| Credit for Investment in a Clean-Burning Motor Vehicle Fuel Property, Form 567-A, Part 4, Line 4 .....            |        |
| Credit for Verified Blood donation .....  |        |
| Venture Capital Investment Credit .....   |        |
| Small Business Guaranty Fee Credit .....  |        |
| Credit for Tourism Development .....  |        |
| Local Development and Enterprise Zone Credit .....  |        |
| Credit for Qualified Rehabilitation Expenditures Credit .....   |        |
| Credit for Electricity Generated by Zero-emission Facilities .....  |        |
| Credit for Financial Institution Making Loans .....   |        |

Oklahoma Schedule K-1 Equivalent, Page 2

Amount

|   |       |
|---|-------|
| Credit for Railroad Modernization .....   | _____ |
| Credit for Strategic Industrial Development Enhancement (SIDE) Projects .....                   | _____ |
| Credit for Biomedical Research Contribution .....   | _____ |
| Credit for Employers in the Aerospace Sector .....  | _____ |
| Credit for Cancer Research Contribution .....   | _____ |
| Oklahoma Capital Investment Board Tax Credit .....  | _____ |
| Credit for Contributions to a Scholarship-Granting Organization .....                           | _____ |
| Credit for contributions to an Educational Improvement Grant Organization .....                 | _____ |
| Affordable Housing Tax Credit .....   | _____ |
| Credit for Employers in the Vehicle Manufacturing Industry .....                                | _____ |
| Credit for Oklahoma Rural Jobs .....  | _____ |
| Credit for Contribution to an Eligible Public School Foundation or Public School District ..... | _____ |

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TX2025 05-102

Ver. 16.0 (Rev.2-24/35)

### Texas Franchise Tax Public Information Report

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

Tcode 13196

Taxpayer number

Report year

Due date

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you.

14312313076

2025

05/15/2025

|   |          |  |            |
|---|----------|--|------------|
| Taxpayer name INTERSTATE PRODUCTION COMPANY |          | <input type="checkbox"/> Check box if the mailing address has changed. |            |
| Mailing address<br>2901 VERONA              |          | Secretary of State (SOS) file number or Comptroller file number        |            |
| City MISSION HILLS                          | State KS | ZIP code plus 4 66208  | 0056326900 |

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

|  |
|--|
| Principal office 2901 VERONA, MISSION HILLS, KS 66208            |
| Principal place of business 2901 VERONA, MISSION HILLS, KS 66208 |

Mail signed report to:

Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, Tx 78714-9348

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

Please sign below!

This report must be signed to satisfy franchise tax requirements.

For locations and phone numbers visit  
www.comptroller.texas.gov/about/contact.

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

|                                     |                               |  |                                |
|-------------------------------------|-------------------------------|--|--------------------------------|
| Name<br><b>LAURENCE R JONES JR</b>  | Title<br><b>PRESIDENT</b>     | Director<br><input type="checkbox"/> YES | Term expiration<br>m m d d y y |
| Mailing address 2901 VERONA         | City MISSION HILLS            | State KS                                 | ZIP Code 66208                 |
| Name<br><b>LAURENCE R JONES III</b> | Title<br><b>SEC/TREASURER</b> | Director<br><input type="checkbox"/> YES | Term expiration<br>m m d d y y |
| Mailing address 13714 CAYO CANTILES | City CORPUS CHRISTI           | State TX                                 | ZIP Code 78418                 |
| Name                                | Title                         | Director<br><input type="checkbox"/> YES | Term expiration<br>m m d d y y |
| Mailing address                     | City                          | State                                    | ZIP Code                       |

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

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

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

|   |                     |  |                         |
|---|---------------------|--|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution  | State of formation  | Texas SOS file number, if any  | Percentage of ownership |
| Registered agent and registered office currently on file (see instructions if you need to make changes)<br>Agent: DAVID M COOVER JR |                     | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |                         |
| Office: 921 N CHAPARRAL   | City CORPUS CHRISTI | State TX   | ZIP Code 78401          |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

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

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

Texas Comptroller Official Use Only



|         |                          |         |                          |
|---------|--------------------------|---------|--------------------------|
| VE/DE   | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
| PM Date |                          |         |                          |



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