





## 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			2025
INTERSTATE PRODUCTION COMPANY				43-1231307
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama .....				
Alaska .....				
Arizona .....				
Arkansas .....	34,849.	173,142.	.201274	.201274
California .....				
Colorado .....				
Connecticut .....				
Delaware .....				
District of Columbia .....				
Florida .....				
Georgia .....				
Hawaii .....				
Idaho .....				
Illinois .....				
Indiana .....				
Iowa .....				
Kansas .....			.348517	.348517
Kentucky .....				
Louisiana .....	35,441.	173,142.	.204700	.204700
Maine .....				
Maryland .....				
Massachusetts .....				
Michigan .....				
Minnesota .....				
Mississippi .....				
Missouri .....				
Montana .....				
Nebraska .....				
Nevada .....				
New Hampshire .....				
New Jersey .....				
New Mexico .....				
New York .....				
North Carolina .....				
North Dakota .....				
Ohio .....				
Oklahoma .....	17,591.	173,142.	.101600	.101600
Oregon .....				
Pennsylvania .....				
Rhode Island .....				
South Carolina .....				
South Dakota .....				
Tennessee .....				
Texas .....	24,918.	173,142.	.143900	.143900
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>.999991</b>

510731  
04-01-25

	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

<b>INTERSTATE PRODUCTION COMPANY</b>	<b>43-1231307</b>
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<b>SUMMARY OF FACTORS</b>	<b>PROPERTY</b>	<b>PAYROLL</b>	<b>SALES</b>	<b>APPORTIONMENT</b>
Alabama .....				
Alaska .....				
Arizona .....				
Arkansas .....			.201274	.201274
California .....				
Colorado .....				
Connecticut .....				
Delaware .....				
District of Columbia .....				
Florida .....				
Georgia .....				
Hawaii .....				
Idaho .....				
Illinois .....				
Indiana .....				
Iowa .....				
Kansas .....			.348517	.348517
Kentucky .....				
Louisiana .....			.204700	.204700
Maine .....				
Maryland .....				
Massachusetts .....				
Michigan .....				
Minnesota .....				
Mississippi .....				
Missouri .....				
Montana .....				
Nebraska .....				
Nevada .....				
New Hampshire .....				
New Jersey .....				
New Mexico .....				
New York .....				
North Carolina .....				
North Dakota .....				
Ohio .....				
Oklahoma .....			.101600	.101600
Oregon .....				
Pennsylvania .....				
Rhode Island .....				
South Carolina .....				
South Dakota .....				
Tennessee .....				
Texas .....			.143900	.143900
Utah .....				
Vermont .....				
Virginia .....				
Washington .....				
West Virginia .....				
Wisconsin .....				
Wyoming .....				
Foreign .....				
Other .....				
<b>Total</b> .....			<b>.999991</b>	<b>.999991</b>

510731  
04-01-25

**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



S CORPORATION  
**Two-Year Comparison**

**2025**

Name <b>INTERSTATE PRODUCTION COMPANY</b>	Employer Identification Number <b>43-1231307</b>
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Description	Prior Year	Current Year	Increase (Decrease)
<b>ORDINARY BUSINESS INCOME (LOSS):</b>			
<b>INCOME:</b>			
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES	165,875.	130,410.	-35,465.
GROSS PROFITS	165,875.	130,410.	-35,465.
TOTAL INCOME	165,875.	130,410.	-35,465.
<b>DEDUCTIONS:</b>			
TAXES AND LICENSES	6,136.	7,190.	1,054.
OTHER DEDUCTIONS	169,440.	143,567.	-25,873.
TOTAL DEDUCTIONS	175,576.	150,757.	-24,819.
<b>ORDINARY BUSINESS INCOME (LOSS)</b>	<b>-9,701.</b>	<b>-20,347.</b>	<b>-10,646.</b>
<b>S CORPORATION TAXES:</b>			
<b>PAYMENTS AND CREDITS:</b>			
<b>BALANCE DUE OR REFUND:</b>			
<b>SCHEDULE K:</b>			
<b>INCOME:</b>			
<b>ORDINARY BUSINESS INCOME (LOSS)</b>	<b>-9,701.</b>	<b>-20,347.</b>	<b>-10,646.</b>
INTEREST INCOME	805.	0.	-805.
ROYALTY INCOME	47,930.	42,734.	-5,196.
<b>DEDUCTIONS:</b>			
DEDUCTIONS RELATED TO PORTFOLIO INCOME	8,042.	11,296.	3,254.
<b>INVESTMENT INTEREST:</b>			
INVESTMENT INCOME	48,735.	42,734.	-6,001.
INVESTMENT EXPENSES	8,042.	11,296.	3,254.
<b>CREDITS:</b>			
<b>AMT ITEMS:</b>			
<b>OIL, GAS, OR GEOTHERMAL</b>			

S CORPORATION  
**Two-Year Comparison**

**2025**

Name  INTERSTATE PRODUCTION COMPANY	Employer Identification Number  43-1231307
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Description	Prior Year	Current Year	Increase (Decrease)
PROPERTIES - GROSS INCOME OIL, GAS, OR GEOTHERMAL PROPERTIES - DEDUCTIONS	165,875.  96,286.	130,410.  109,278.	-35,465.  12,992.
OTHER SCHEDULE K ITEMS:			
OTHER TAX-EXEMPT INCOME INCOME (LOSS)	500. 30,992.	0. 11,091.	-500. -19,901.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS TOTAL OF LINES 1 THROUGH 3 OTHER INCOME RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K TOTAL OF LINES 5 AND 6 INCOME (LOSS)	31,492. 31,492.  500. 500. 500. 30,992.	11,091. 11,091.  0. 0. 0. 11,091.	-20,401. -20,401.  -500. -500. -500. -19,901.
SCHEDULE M-2:			
ACCUMULATED ADJUSTMENTS ACCOUNT:			
BALANCE AT BEGINNING OF TAX YEAR OTHER ADDITIONS LOSS FROM PAGE 1, LINE 21 OTHER REDUCTIONS COMBINE LINES 1 THROUGH 5 BALANCE AT END OF TAX YEAR	485,621. 48,735. -9,701. 8,042. 516,613. 516,613.	516,613. 72,734. -20,347. 11,296. 557,704. 557,704.	30,992. 23,999. -10,646. 3,254. 41,091. 41,091.
OTHER ADJUSTMENTS ACCOUNT:			
BALANCE AT BEGINNING OF TAX YEAR OTHER ADDITIONS COMBINE LINES 1 THROUGH 5 BALANCE AT END OF TAX YEAR	0. 500. 500. 500.	500. 0. 500. 500.	500. -500.   

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.

**2025**

For calendar year 2025 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

<b>A</b> S election effective date <b>01/01/2001</b>	Name <b>INTERSTATE PRODUCTION COMPANY</b>	<b>D</b> Employer identification number <b>43-1231307</b>
<b>B</b> Business activity code number (see instructions) <b>211120</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2901 VERONA</b>	<b>E</b> Date incorporated <b>05/26/1981</b>
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code <b>MISSION HILLS, KS 66208</b>	<b>F</b> Total assets (see instructions) <b>\$ 749,813.</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>130,410.</b> <b>b</b> Less return and allowances _____ <b>c</b> Balance	<b>1c</b>	<b>130,410.</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>130,410.</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>130,410.</b>
<b>Deductions (see instructions for limitations)</b>	<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>7,190.</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>143,567.</b>
	<b>21 Total deductions.</b> Add lines 7 through 20	<b>21</b>	<b>150,757.</b>
	<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 6	<b>22</b>	<b>-20,347.</b>

<b>Tax and Payments</b>	<b>23 a</b> Excess net passive income or LIFO recapture tax (see instructions)	<b>23a</b>		<b>23c</b>
	<b>b</b> Tax from Schedule D (Form 1120-S)	<b>23b</b>		
	<b>c</b> Add lines 23a and 23b			
	<b>24 a</b> Current year's estimated tax payments and preceding year's overpayment credited to the current year	<b>24a</b>		<b>24z</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>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>a Credited to 2026 estimated tax</b> <b>b Refunded</b>	<b>28b</b>			
<b>c</b> Routing number _____ <b>d</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>e</b> Account number _____				

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **CFO**

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

<b>Paid Preparer Use Only</b>	Preparer's name <b>CRAIG A. ADAMSON</b>	Preparer's signature <b>CRAIG A. ADAMSON</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00246572</b>
	Firm's name <b>ADAMSON &amp; COMPANY, LLC</b>	Firm's EIN <b>45-3980748</b>			
	Firm's address <b>4101 S ALAMEDA ST CORPUS CHRISTI, TX 78411</b>	Phone no. <b>361-887-8916</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 [ ] Yes [X] No

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 [ ] Yes [X] No

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 [ ] Yes [X] No

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? [ ] Yes [X] No 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? [ ] Yes [X] No 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? [ ] Yes [X] No

7 Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

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 [ ] Yes [X] No

10 Does the corporation satisfy one or more of the following? See instructions [ ] Yes [X] No 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 \$31 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? [ ] Yes [X] No a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.

**Schedule B Other Information** (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....		X
If "Yes," enter the amount of principal reduction .....		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....		X
14a Did the corporation make any payments that would require it to file Form(s) 1099? .....		X
b If "Yes," did or will the corporation file required Form(s) 1099? .....		
15 Does the corporation intend to self-certify as a Qualified Opportunity Fund? .....		X
If "Yes," complete and attach Form 8996. Enter the amount (if any) 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); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions .....		X
17 Reserved for future use .....		

**Schedule K Shareholders' Pro Rata Share Items**

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22) .....	1	-20,347.
	2 Net rental real estate income (loss) (attach Form 8825) .....	2	
	3a Other gross rental income (loss) .....	3a	
	b Expenses from other rental activities (attach statement) .....	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a .....	3c	
	4 Interest income .....	4	
	5 Dividends: a Ordinary dividends .....	5a	
	b Qualified dividends .....	5b	
	6 Royalties .....	6	42,734.
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	8a		
	b Collectibles (28%) gain (loss) .....	8b	
	c Unrecaptured section 1250 gain (attach statement) .....	8c	
9 Net section 1231 gain (loss) (attach Form 4797) .....	9		
10 Other income (loss) (see instructions) Type .....	10		
Deductions	11 Section 179 deduction (attach Form 4562) .....	11	
	12a Cash charitable contributions .....	12a	
	b Noncash charitable contributions .....	12b	
	c Investment interest expense .....	12c	
	d Section 59(e)(2) expenditures Type .....	12d	
e Other deductions (see instructions) Type .....	12e	11,296.	
Credits	13a Low-income housing credit (section 42(j)(5)) .....	13a	
	b Low-income housing credit (other) .....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....	13c	
	d Other rental real estate credits (see 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	14a Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance .....	<input type="checkbox"/>	
	b Check this box if you qualified for an exception to filing Schedule K-2 (Form 1120-S) .....	<input checked="" type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment .....	15a	
	b Adjusted gain or loss .....	15b	
	c Depletion (other than oil and gas) .....	15c	
	d Oil, gas, and geothermal properties - gross income .....	15d	130,410.
	e Oil, gas, and geothermal properties - deductions .....	15e	109,278.
	f Other AMT items (attach statement) .....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income .....	16a	
	b Other tax-exempt income .....	16b	
	c Nondeductible expenses .....	16c	
	d Distributions (attach statement if required) .....	16d	
	e Repayment of loans from shareholders .....	16e	
	f Foreign taxes paid or accrued .....	16f	

**Schedule K** Shareholders' Pro Rata Share Items (continued)

Other Information		Total amount	
17a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (att. stmt.)	17a		42,734.
	17b		11,296.
	17c		
		STATEMENT 4	
Reconciliation	18	18	11,091.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		210,601.		158,216.
2 a	Trade notes and accounts receivable			5,638.	
b	Less allowance for bad debts	( )		( )	5,638.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 5			100,000.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)	STATEMENT 6	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		696,560.		749,813.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		301.		12,463.
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 7	-316,057.		-274,966.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock	( )		( )	
27	Total liabilities and shareholders' equity		696,560.		749,813.

Form 1120-S (2025)

**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 .....	<b>11,091.</b>	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): <b>a</b> Tax-exempt interest \$ .....	
<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>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize): <b>a</b> Depreciation \$ .....		<b>6</b> Deductions included on Schedule K, lines 1 through 12e and 16f, not charged against book income this year (itemize): <b>a</b> Depreciation \$ .....	
<b>b</b> Travel and entertainment \$ .....			
<b>4</b> Add lines 1 through 3 .....	<b>11,091.</b>	<b>7</b> Add lines 5 and 6 .....	
		<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	<b>11,091.</b>

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

(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year .....	516,613.			500.
<b>2</b> Ordinary income from page 1, line 22 .....				
<b>3</b> Other additions ..... <b>STATEMENT 8</b>	72,734.			
<b>4</b> Loss from page 1, line 22 .....	( 20,347. )			
<b>5</b> Other reductions ..... <b>STATEMENT 9</b>	( 11,296. )			( )
<b>6</b> Combine lines 1 through 5 .....	557,704.			500.
<b>7</b> Distributions .....				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 .....	557,704.			500.

Form 1120-S (2025)











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
Name	No letter - Working Interest, R -Royalty, N - Non Oil and Gas
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	1,309.		1.							376.	932.
2	BREITBURN OPERATING LLP	OIL R	4,128.		297.							707.	3,124.
3	CAMTERRA RESOURCES INC	OIL R	224.		4.	13.							207.
4	CAMTERRA RESOURCES INC	OIL	34,626.		502.	6,328.						8,105.	19,691.
9	BURK ROYALTY CO LTD	OIL R	10,132.		420.	2,099.						822.	6,791.
10	CHS MCPHERSON REFINERY INC	OIL	60,343.		1,070.	169.						34,603.	24,501.
11	THE TERMO COMPANY	OIL	35,441.		4,446.							54,055.	-23,060.
12	MERIT ENERGY COMPANY-18736	OIL R	10,004.		360.	3,560.						309.	5,775.
13	MERIT ENERGY COMPANY-60531	OIL R	702.		29.	207.						25.	441.
14	SCOUT ENERGY MANAGEMENT LLC	OIL R	8,505.		156.	303.						1,038.	7,008.
15	TRIGEO ENERGY LLC	OIL R											
TOTALS			173,144.		7,855.	12,679.						100,040.	52,570.

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	196.	196.		1.000000	196.					736.	376.	
2	BREITBURN OPERATING LLP	619.	619.		1.000000	619.					2,505.	707.	
3	CAMTERRA RESOURCES INC	34.	34.		1.000000	34.					173.		
4	CAMTERRA RESOURCES INC	5,194.	5,194.		1.000000	5,194.					14,497.	8,025.	
9	BURK ROYALTY CO LTD	1,520.	1,520.		1.000000	1,520.					5,271.	822.	
10	CHS MCPHERSON REFINERY INC	9,051.	9,051.		1.000000	9,051.					15,450.	34,464.	
11	THE TERMO COMPANY	5,316.			1.000000						-23,060.	53,973.	
12	MERIT ENERGY COMPANY-18736	1,501.	1,501.		1.000000	1,501.					4,274.	309.	
13	MERIT ENERGY COMPANY-60531	105.	105.		1.000000	105.					336.	25.	
14	SCOUT ENERGY MANAGEMENT LLC	1,276.	1,276.		1.000000	1,276.					5,732.	1,038.	
15	TRIGEO ENERGY LLC				1.000000								
TOTALS		25,972.	20,656.			20,656.					31,914.	99,739.	

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									196.			377.
2	BREITBURN OPERATING LLP									619.			1,004.
3	CAMTERRA RESOURCES INC									34.			17.
4	CAMTERRA RESOURCES INC									5,194.			14,935.
9	BURK ROYALTY CO LTD									1,520.			3,341.
10	CHS MCPHERSON REFINERY INC									9,051.			35,842.
11	THE TERMO COMPANY												58,501.
12	MERIT ENERGY COMPANY-18736									1,501.			4,229.
13	MERIT ENERGY COMPANY-60531									105.			261.
14	SCOUT ENERGY MANAGEMENT LLC									1,276.			1,497.
15	TRIGEO ENERGY LLC												
TOTALS										20,656.			120,574.

\* "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



Depletion		Percentage Depletion Available						2025	
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	1,309.	0.15	196.	932.	196.	1.000000	196.
2	BREITBURN OPERATING LLP	PRIMARY OIL	4,128.	0.15	619.	3,124.	619.	1.000000	619.
3	CAMTERRA RESOURCES INC	PRIMARY OIL	224.	0.15	34.	207.	34.	1.000000	34.
9	BURK ROYALTY CO LTD	PRIMARY OIL	10,132.	0.15	1,520.	6,791.	1,520.	1.000000	1,520.
12	MERIT ENERGY COMPANY-18736	PRIMARY OIL	10,004.	0.15	1,501.	5,775.	1,501.	1.000000	1,501.
13	MERIT ENERGY COMPANY-60531	PRIMARY OIL	702.	0.15	105.	441.	105.	1.000000	105.
14	SCOUT ENERGY MANAGEMENT LLC	PRIMARY OIL	8,505.	0.15	1,276.	7,008.	1,276.	1.000000	1,276.
15	TRIGEO ENERGY LLC	PRIMARY OIL		0.15		0.	0.	1.000000	
16	WINN OPERATING LLC	PRIMARY OIL	4,972.	0.15	746.	4,601.	746.	1.000000	746.
17	ATOKA OPERATING	PRIMARY OIL		0.15		0.	0.	1.000000	
18	RAM OPERATING	PRIMARY OIL		0.15		0.	0.	1.000000	
4	CAMTERRA RESOURCES INC	PRIMARY OIL	34,626.	0.15	5,194.	19,691.	5,194.	1.000000	5,194.
10	CHS MCPHERSON REFINERY INC	PRIMARY OIL	60,343.	0.15	9,051.	24,501.	9,051.	1.000000	9,051.
11	THE TERMO COMPANY	PRIMARY OIL	35,441.	0.15	5,316.	0.	0.	1.000000	
19	DIVERSIFIED GAS & OIL CORP	PRIMARY OIL	2,758.	0.15	414.	2,559.	414.	1.000000	414.

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, 2025

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 & LICENSES		1,172.
TAXES FROM MINERAL INTEREST PROPERTIES		6,018.
TOTAL TO FORM 1120S, PAGE 1, LINE 12		7,190.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ALLOCATED OVERHEAD EXPENSES FROM DEPLETION PROPERTIES		301.
BANK CHARGES		60.
DUES AND SUBSCRIPTIONS		28,197.
OPERATING EXPENSE FROM DEPLETION PROPERTIES		6,497.
OTHER EXPENSES FROM DEPLETION PROPERTIES		96,462.
OUTSIDE SERVICES		9,000.
PROFESSIONAL FEES		3,050.
TOTAL TO FORM 1120S, PAGE 1, LINE 20		143,567.

SCHEDULE K	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PORTFOLIO DEDUCTIONS RELATED TO ROYALTY INCOME		11,296.
TOTAL TO SCHEDULE K, LINE 12E		11,296.

SCHEDULE K	OTHER ITEMS, LINE 17D	STATEMENT 4
DESCRIPTION		AMOUNT
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN		130,410.
AGGREGATE BUSINESS ACTIVITY DEDUCTIONS		150,757.
DEPLETION FROM OIL AND GAS PROPERTIES		20,656.
SECTION 199A - ORDINARY INCOME (LOSS)		-20,347.
SECTION 199A - ROYALTY INCOME (LOSS)		31,438.
SECTION 199A - OTHER DEDUCTIONS		20,656.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 5	
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
NOTE RECEIVABLE			100,000.
TOTAL TO SCHEDULE L, LINE 6			100,000.

SCHEDULE L	OTHER INVESTMENTS	STATEMENT 6	
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 7	
DESCRIPTION		AMOUNT	
BALANCE AT BEGINNING OF YEAR		-316,057.	
NET INCOME PER BOOKS		11,091.	
DISTRIBUTIONS		0.	
OTHER INCREASES (DECREASES)			
PRIOR PERIOD ADJUSTMENT		30,000.	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)		-274,966.	

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT - OTHER ADDITIONS	STATEMENT 8	
DESCRIPTION		AMOUNT	
PORTFOLIO ROYALTY INCOME		42,734.	
PRIOR PERIOD ADJUSTMENT		30,000.	
TOTAL TO SCHEDULE M-2, LINE 3 - COLUMN (A)		72,734.	

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SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 9

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DESCRIPTION	AMOUNT
DEDUCTIONS RELATED TO PORTFOLIO INCOME (LOSS)	11,296.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	11,296.

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DEPLETION OTHER EXPENSES STATEMENT 10

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PROP. NUMBER DESCRIPTION	AMOUNT
1 OTHER EXPENSES	376.
2 OTHER DIRECT OPERATING EXPENSES	707.
9 OTHER DIRECT OPERATING EXPENSES	135.
9 AD VALOREM	687.
12 OTHER DIRECT OPERATING EXPENSES	309.
13 OTHER DIRECT OPERATING EXPENSES	25.
14 OTHER DIRECT OPERATING EXPENSES	1,038.
TOTAL OTHER EXPENSES TO DEPLETION STATEMENT	3,277.

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DEPLETION OVERHEAD EXPENSES STATEMENT 11

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## WORKING INTERESTS

DESCRIPTION	AMOUNT
AD VALOREM	301.
TOTAL OVERHEAD EXPENSES TO DEPLETION STATEMENT	301.

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DEPLETION	OTHER EXPENSES	STATEMENT 12
PROP. NUMBER DESCRIPTION		AMOUNT
4 OTHER DIRECT OPERATING EXPENSES		8,025.
10 OTHER DIRECT OPERATING EXPENSES		34,464.
11 OTHER DIRECT OPERATING EXPENSES		53,973.
TOTAL OTHER EXPENSES TO DEPLETION STATEMENT		96,462.

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Schedule K-1 (Form 1120-S)

2025

Department of the Treasury Internal Revenue Service

For calendar year 2025, or tax year beginning ending

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

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

Part I Information About the Corporation

Form section for Part I: Corporation's employer identification number (43-1231307), name (INTERSTATE PRODUCTION COMPANY), IRS Center (E-FILE), and total number of shares.

Part II Information About the Shareholder

Form section for Part II: Shareholder's identifying number (388-38-7434), name (LAURANCE R. JONES, JR), and current year allocation percentage (100.000000%).

Form section for Part III: Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items. Includes rows for Ordinary business income (loss), Net rental real estate inc (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured sec 1250 gain, Net section 1231 gain (loss), and Other income (loss).

For IRS Use Only

Form section for Part III (continued): Rows 18 and 19 regarding at-risk and passive activity purposes.

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

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
DEDUCTIONS RELATED TO ROYALTY INCOME	11,296.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	11,296.	

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)	-41,479.
DEPLETION - ROYALTY INTERESTS	
ROYALTY INCOME(LOSS)	31,438.
OTHER DEDUCTIONS *	6,411.
OIL AND GAS DEPLETION DEDUCTION	6,411.
DEPLETION - WORKING INTERESTS	
ORDINARY INCOME(LOSS)	21,132.
OTHER DEDUCTIONS *	14,245.
OIL AND GAS DEPLETION DEDUCTION	14,245.

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

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	173,144.

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	130,410.	SEE IRS SCH. K-1 INSTRUCTIONS
AGGREGATE BUSINESS ACTIVITY		
DEDUCTIONS	150,757.	SEE IRS SCH. K-1 INSTRUCTIONS

# Summary Schedule of Mineral Interest Information

For calendar year 2025 or tax year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_

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

## Income and Expenses

Gross income		173,144.
Ordinary Expenses:		
Royalty paid		
Severance tax	7,855.	
Operating expenses	12,679.	
Dry hole costs		
Depreciation		
Amortization		
Overhead expenses (includes overhead depreciation)	301.	
Other expenses	99,739.	
Depletion (non-oil and gas interests)		
Total allowable expenses		120,574.
Net income before separately stated items		52,570.
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		52,570.

## Oil and Gas Depletion Information

Total cost depletion		
Total percentage depletion available		20,656.

## Tentative Depletion

Working Interest:		
Cost depletion		
% depletion	14,245.	
Royalty Interest:		
Cost depletion		
% depletion	6,411.	
Allowable tentative depletion (before 65% limitation)		20,656.

## Preference Information

Excess percentage depletion from non-oil and gas interests		
Gross income from oil, gas and geothermal properties		173,144.
Deductions allocable to oil, gas and geothermal properties (excluding tax preference depreciation)		120,574.
Excess intangible drilling cost		

**2025 AR1100S**  
**ARKANSAS S CORPORATION**  
**INCOME TAX RETURN**



Tax Year beginning **JAN 1 2025** and ending **DEC 31 2025**

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

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

**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.	130,410	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.	130,410	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.	130,410	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.	7,190	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.	143,567	00	25.	00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here)	26.	150,757	00	26.	00
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)	27.	-20,347	00	27.	-4,095 00

**ATTACH ALL AR K-1 FORMS**

28. Excess net passive income tax: (See Instructions)	28.		00
29. Income tax on Capital gains/Built in gains: (From Schedule D, page 2, A7 + B6)	29.		00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax)	30.		00
31. 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 ●	Date	Title CFO	Telephone Number 816-474-9737
Preparer's Signature CRAIG A. ADAMSON	Date	Preparer's FEIN/PTIN ● P00246572	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name CRAIG A. ADAMSON	May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>For Department Use Only</b>
Area Code and Telephone Number of Preparer 361-887-8916			A ● B ●
538401 08-18-25 AR1100S (R 6/24/2025)	MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919		C

**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.	-20,347	00
2. Add Adjustments: (Attach AR1100ADJ)	2.	0	00
3. Deduct Adjustments: (Attach AR1100ADJ)	3.	0	00
4. TOTAL APPORTIONABLE INCOME:	4.	-20,347	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) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)	
<b>1. Sales / Receipts:</b>				
Destination Sales to Arkansas				
a. Shipped From Within Arkansas	34,849 00	173,142 00	<i>(Calculate to 6 places to the right of decimal. Fill in all spaces)</i>	
b. Shipped From Without Arkansas	0 00	0 00		
<b>2. Origin Sales From Arkansas</b>				
c. Origin Shipped From Within Arkansas To Other Non-Taxable Jurisdictions				
	0 00	0 00	999.999999 %	
<b>3. Other Sales / Receipts</b>				
d. Capital & Ordinary Gains	0 00	0 00	<i>(EXAMPLE)</i>	
e. Dividends	0	0		
f. Interest	0	0		
g. Rents	0	0		
h. Royalties	0	0		
i. Services	0	0		
j. Other Business Gross Receipts: (Attach sch.)	0	0		
k. TOTAL SALES / RECEIPTS: (Add Lines A-J)	34,849	173,142		20.127410 %

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.	20.127410	00

**C. ARKANSAS TAXABLE INCOME:**

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5)	1.	-4,095	00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule)	2.	0	00
3. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on page 1, Line 27, Arkansas Column)	3.	-4,095	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



AR SCHEDULE K-1

OTHER INFORMATION

<u>DESCRIPTION</u>	<u>AR AMOUNT</u>
INVESTMENT INTEREST	8,601
INVESTMENT EXPENSES	2,274
TOTAL TO SCHEDULE K-1, LINE 19A	<u>10,875</u>



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

Tax Year End of Pass-Through Entity 12/31/2025  
mm/dd/yyyy

Part A: Pass-Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: <b>INTERSTATE PRODUCTION COMPANY</b>		Name: <b>LAURANCE R. JONES, JR</b>	
Type of Ownership: (If other, please provide statement of ownership type) <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) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other	
Federal Identification Number: <b>43-1231307</b>		Social Security Number or Federal Identification Number of Member: <b>388-38-7434</b>	
Street Address: <b>2901 VERONA</b>		Street Address: <b>2901 VERONA</b>	
City, State, ZIP: <b>MISSION HILLS, KS 66208</b>		City, State, ZIP: <b>MISSION HILLS, KS 66208</b>	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Amounts Distributed from Arkansas Sources: <b>4,506.</b>	Arkansas Income Tax Withheld: <b>0.</b>	Arkansas Income Tax Paid on AR1000CR: <b>176.</b>	AR Income Tax Paid on AR1100PET: <b>0.</b>

# 2025 AR 1000CR

ARKANSAS INCOME TAX  
COMPOSITE TAX RETURN



# CR1

Jan 1 - Dec 31, 2025 or fiscal year ending

, 20

CHECK BOX IF  
AMENDED RETURN

Software ID

PROSYSTEM

Name of entity <b>• INTERSTATE PRODUCTION COMPANY</b>			Federal employer identification number <b>• 43-1231307</b>	
Mailing address <b>• 2901 VERONA</b>			Telephone <b>816-474-9737</b>	
City <b>• MISSION HILLS</b>	State or province <b>• KANSAS</b>	ZIP <b>• 66208</b>	<input type="checkbox"/> Check if address is outside U.S. 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>• 4,506</b>	<b>00</b>	
3. Tax: [Multiply line 2 by 3.9 percent (0.039)]	3	<b>• 176</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>• 176</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 2026:	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>• 176</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 <b>816-474-9737</b>
<b>PAID PREPARER</b>	Paid preparer's signature <b>CRAIG A. ADAMSON</b>		PTIN/ID number <b>• P00246572</b>	
	Preparer's name <b>CRAIG A. ADAMSON</b>		Address	
	E-mail <b>CRAIG@ADAMSONCPAFIRM.COM</b>		City/State/ZIP <b>CORPUS CHRISTI, TX 78411</b>	
			May the Arkansas Revenue Agency discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>For Department Use Only</b>	
			A <b>•</b>	
			Telephone <b>361-887-8916</b>	





# K-120S 2025 PARTNERSHIP OR S CORPORATION INCOME TAX RETURN

037

K-120S  
Page 1  
154025



Page 1 of 6

For the taxable year beginning 01012025 ending 12312025

Filing an AMENDED return?

EIN 431231307

INTERSTATE PRODUCTION COMPANY  
2901 VERONA  
MISSION HILLS KS 66208

C. Business Activity Code:

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

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

D. Date Business Began in KS:

I. Tax credit schedules are enclosed?

B. Method Used to Determine Income of Corporation in Kansas

05261981

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

1. Activity wholly within Kansas or single entity apportionment method

E. Date Business Discontinued in KS:

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

K. Name or address has changed?

3. Common carrier mileage (Enclose mileage apportionment schedule)

F. State and Date of Incorporation:

L. Are you filing Form K-40C?

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

KS 05261981

M. Have you submitted Form K-120EL?

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

G. State of Commercial Domicile: KS

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 -20347.00

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

2a. Total of all other income from federal Sch. K 42734.00

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

2b. Total of allowable deductions from federal Sch. K 11296.00

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

3. Total federal income (Add line 1 to line 2a and subtract line 2b) 11091.00

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

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

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

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

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

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

18. Net income before apportionment (Add line 3 to line 9 and subtract line 17) 11091.00

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

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

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

20. Apportionable business income (Subtract line 19 from line 18) 11091.00

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

21. Average percent to Kansas (Part IV, lines A, B, C, & E: if 100% enter 100.0000) 34.8517

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

A. .0000 C. 34.8517  
B. .0000

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

22. Amount to Kansas (Multiply line 20 by line 21) 3865.00



**INTERSTATE PRODUCTION COMPANY**

EIN **431231307**

- 23. Nonbusiness income - Kansas (Sch. Req.)
- 24. Kansas Expensing Recapture (See instr. for K-120EX and enclose applicable schs)
- 25. Kansas Expensing Deduction (See instr. for K-120EX and enclose applicable schs)
- 26. Total Kansas income (Add lines 22, 23 and subtract 25) **3865.00**
- 27. Kansas income not taxed as part of the election (schedule required) **3865.00**
- 28. Kansas taxable income for electing pass-through entity (subtract line 27 from line 26).
- 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)
- 30. Remaining Kansas resident income taxed at 100% (schedule required)
- 31. Total taxable income for electing partners (add lines 29 and 30)
- 32. Electing pass-through entity income tax due (5.58% of line 31) (enter here and on Part III, box 7)
- 33. Estimated tax paid and amount credited forward (Sep. Sch.)
- 34. Other tax payments (Sep. Sch.)
- 35. Amount paid with Kansas extension.
- 36. Payment remitted with original return. (See instructions.)
- 37. Overpayment from original return. (see instr.)
- 38. Total prepaid credits. (Add lines 33 - 36 and subtract line 37.)
- 39. Balance Due. (If line 32 exceeds line 38, subtract line 38 from line 32 and enter result.)
- 40. Interest.
- 41. Penalty.
- 42. Estimated tax penalty.
- If annualizing to compute penalty, check this field
- 43. Total tax, interest, and penalty due (Add lines 39 - 42). Complete K-120V and enclose it with your payment.
- 44. Overpayment. (If line 32 plus line 42 is less than line 38, subtract line 32 plus line 42 from line 38.)
- 45. Refund. Enter the amount of line 44 you wish to be refunded.
- 46. Credit Forward. Enter the amount of line 44 (original return only) you wish it to be applied to 2026 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 **CFO** 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  
 Amended Return  Years ended \_\_\_\_\_

3. The corporation's books are in care of:  
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) Name and address of partner or shareholder	Type of Partner or Shareholder R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(2) Social Security Number or Employer Identification Number (EIN)	(3) Partner's or shareholder's percent of ownership	(4) Partner's profit percent or shareholder's applicable percentage
(a) LAURANCE R. JONES, JR 2901 VERONA, MISSION HIL	<input checked="" type="checkbox"/> R	388387434	100.000000	100.000000
(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"/>			

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



(5) Income from Kansas sources. <b>Kansas resident individuals:</b> Multiply column 4 by line 18. <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) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions Multiply the percentage in column 4 by line 3, page 1	(7) Partner's or shareholder's portion of total Kansas income Multiply the percentage in column 4 by line 18, page 1	(8) Partner's or shareholder's modification See instructions. Enter result in Part A of Schedule S, Form K-40
(a) 11,091.	11,091.	11,091.	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) Name and address of partner or shareholder	Type of Partner or Shareholder R = Kansas resident individual N = Nonresident individual I = Trust taxed as an individual T = Trust not taxed as an individual C = Corporation P = Partnership or other flow-through entity S = S-Corporation	(2) Social Security Number or Employer Identification Number (EIN)	(3) Partner's percent of Income and credits	(4) Kansas Taxable Income	(5) 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"/>				
<b>TOTALS FOR PART III INCLUDING ADDITIONAL SCHEDULES</b>			(6) Kansas Taxable Income	(7) Total Tax @ 5.58%	



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

For the taxable year beginning **01012025**, ending **12312025**

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) .....			

C. Sales (Gross receipts, less returns and allowances) .....		173,142.	
(1) Sales delivered or shipped to purchasers in Kansas:			
(a) Shipped from outside Kansas .....	0.		
(b) Shipped from within Kansas .....	60,343.		
(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) .....	60,343.	173,142.	C 34.8517

D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula) .....	D(1) 34.8517
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 34.8517



<b>KANSAS SCHEDULE K-1 EQUIVALENT</b>	<b>Shareholder's Information</b> For Calendar Year 2025, or Fiscal Year , and Ending	<b>2025</b>
	Beginning	

Shareholder Number <b>1</b>	Shareholder ID No. <b>388-38-7434</b>
Shareholder's Name and Address: <b>LAURANCE R. JONES, JR</b> <b>2901 VERONA</b> <b>MISSION HILLS, KS 66208</b>	Shareholder Code <input checked="" type="checkbox"/> <b>I</b> Nonresident <input type="checkbox"/>
Corporation's Name and Address: <b>INTERSTATE PRODUCTION COMPANY</b> <b>2901 VERONA</b> <b>MISSION HILLS, KS 66208</b>	Shareholder Percentage <b>100.000000</b> Applicable Percentage <b>100.000000</b> Corporation Federal ID Number <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>11,091.00</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 .....		

# CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE  
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

*Note: The credit/debit card information will be destroyed upon the filing of the document.*

## Contact Information

**Contact Person**

**Direct Phone Number for Contact Person**

## Payment Information

**Name on Card**

**Credit/Debit Card Number**

**Expiration Date (MM/YY)**

**CW** (3 or 4 digit security code on back of card)

**Billing Zip Code**



**KANSAS SECRETARY OF STATE**

**Information Report  
For-Profit Corporation**



**Kansas Secretary of State**

Docking State Office Building  
915 SW Harrison Street  
Topeka, KS 66612

(785) 296-4564

kssos@ks.gov

https://sos.ks.gov

**1. Business 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.**

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

2901 VERONA

City

MISSION HILLS

State

KS

ZIP

66208

Country

**Do not leave blank.**

**4. Reporting year:**

Year

2026

**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		Title	
LAURENCE R JONES JR		PRESIDENT	
Address			
2901 VERONA			
City	State	ZIP	Country
MISSION HILLS	KS	66208	
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 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 Name	Kansas Secretary of State ID Number
Business Name	Kansas Secretary of State ID Number
Business 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.**

Signature of Authorized Person (Required)

Title/Position (Required)

X

**Application for Automatic Extension of Time To File Certain  
 Business Income Tax, Information, and Other Returns**  
 File a separate application for each return.  
 Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.

<b>Print or Type</b>	Name <b>INTERSTATE PRODUCTION COMPANY</b>	Identifying number <b>43-1231307</b>
	Number, street, and room or suite no. (If P.O. box, see instructions.) <b>2901 VERONA</b>	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) <b>MISSION HILLS, KS 66208</b>	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 708	37	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120-S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

**Part II All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here   
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5a The application is for calendar year 2025, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (See instructions - attach explanation.)

6 Tentative total tax .....	6	0.
7 <b>Total</b> payments and credits. See instructions .....	7	0.
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions .....	8	0.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

DEPARTMENT OF THE TREASURY  
 INTERNAL REVENUE SERVICE  
 OGDEN, UT 84201-0045

**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
- First Time Filing of This Form
- Final Return
- S Corp Composite Filing
- Timely Requested Extensions for Federal Income Tax

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

LA Corporation Income Tax Return for <b>2025</b>	LA S Corporation Information Return of Income for Short Period Filers Beginning On or After <b>1/1/2026</b>
<b>Mark box if:</b>	
Calendar Year filer	<input checked="" type="checkbox"/>
Fiscal Year filer (Enter dates below.)	
Short period return (Enter dates below.)	
<b>Income (mmdyy)</b>	
Begun	Ended

A. Federal Employer Identification Number	A.	431231307
B. Total business interest expense	B.	
C. Total business interest expense deduction	C.	
D. Federal disallowed business interest expense	D.	0
E. Income tax apportionment percentage	E.	20 47
F. Gross revenues	F.	130410
G. Total assets	G.	749813
H. NAICS code	H.	211120
I. Enter the state abbreviation for location of the principal place of business.	I.	<b>KS</b>
J. Does the income of this corporation include the income of any disregarded entities?	J.	Yes No <input checked="" type="checkbox"/>
K. Was the income of this corporation included in a consolidated federal income tax return?	K.	Yes No <input checked="" type="checkbox"/>
L. If answered yes to Line K, enter FEIN of consolidated federal income tax return.	L.	
M. Enter the code for the federal form filed.	M.	2
N. Enter the code for the type of entity.	N.	10
O. Pass-Through Entity Tax Election	O.	

**IMPORTANT!**

All three (3) pages of this return MUST be mailed in along with completed schedules and any barcode page that prints with your return. **Do not send cash.**



**FOR OFFICE USE ONLY**

Field Flag

554401  
02-04-26

DEV ID 2249

22641

**Computation of Taxable Income for Entities Treated as C Corp** - See instructions

1A. Louisiana net income before loss adjustments - From Schedule D, Line 31	1A.
1B. Subchapter S corporation exclusion	1B.
1C. Loss carryforward (\$ .00) Less federal tax refund applicable to loss (\$ .00) Attach schedule.	1C. *
1C1. Loss carryforward utilized	1C1.
1D. Louisiana taxable income - Subtract Lines 1B and 1C1 from Line 1A. Mark the box if less than zero.	1D.

**Computation of Income Tax for Entities Treated as C Corp**

1E. Louisiana income tax - From Schedule H or H-1, Line 2	1E.
---	-----

**Computation of Income Tax - For S Corp Entities Filing a Composite Return  
COMPOSITE S CORP RETURNS MUST BE FILED ELECTRONICALLY.**

2A. Total attributable income for <b>NONRESIDENT</b> shareholders - Total from Schedule L, <i>Included Shareholder's Share of Income and Tax</i> , Column M	2A.
2B. Total amount of S Corp composite income tax - Total from Schedule L, <i>Included Shareholder's Share of Income and Tax</i> , Column O	2B.

**Net Amount Due**

3. Nonrefundable priority 1 credits - From Schedule NRC-P1, Line 7	3.
4. Tax liability after priority 1 credits - Subtract Line 3 from Line 1E or 2B. If less than zero, enter "0."	4.
5. Refundable priority 2 credits - From Schedule RC-P2, Line 9	5.
6. Tax liability after priority 2 credits - Subtract Line 5 from Line 4. If less than zero, enter "0."	6.
7. Overpayment after priority 2 credits - If Line 6 is zero, subtract Line 4 from Line 5. Otherwise, enter zero.	7.
8. Nonrefundable priority 3 credits - From Schedule NRC-P3, Line 10	8.
9. Tax liability after priority 3 credits - Subtract Line 8 from Line 6. If less than zero, enter "0."	9.
10A. Overpayment after priority 2 credits - Enter the amount from Line 7.	10A.
10B. Refundable priority 4 credits - From Schedule RC-P4, Line 6	10B.
10C. Credit carryforward from prior year return	10C.
10D. Estimated payments	10D.
10E. Amount of extension payment	10E.
10F. Total refundable credits and payments - Enter the total of Lines 10A through 10E.	10F.



**IMPORTANT!**

All three (3) pages of this return **MUST** be mailed in along with completed schedules and any barcode page that prints with your return. **Do not send cash.**



Net Amount Due... Continued	
11. Overpayment - If Line 10F is greater than Line 9, subtract Line 9 from Line 10F. Otherwise, go to Line 12.	11.
12. Tax due - If Line 9 is greater than Line 10F, subtract Line 10F from Line 9 and enter the result.	12.
13. Interest - See Instructions.	13.
14. Delinquent filing penalty - See Instructions.	14.
15. Delinquent payment penalty - See Instructions.	15.
16. Additional donation to The Military Family Assistance Fund	16.
17. Total amount due - Add Lines 12 through 16. <span style="float: right;">PAY THIS AMOUNT ▶</span>	17.
18. Net Overpayment - Subtract Line 17 from Line 11. If less than zero, enter "0."	18.
19. Amount of overpayment you want to donate to The Military Family Assistance Fund	19.
20. Amount of overpayment to be credited to 2026 income tax	20.
21. Amount of overpayment to be refunded	21.

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: <https://latap.revenue.louisiana.gov>.

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 CFO	
Print Name of Officer	Telephone 816-474-9737	Date (mm/dd/yyyy)
E-mail Address BRUD@LAGUNAGULF.COM		

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

**IMPORTANT!**

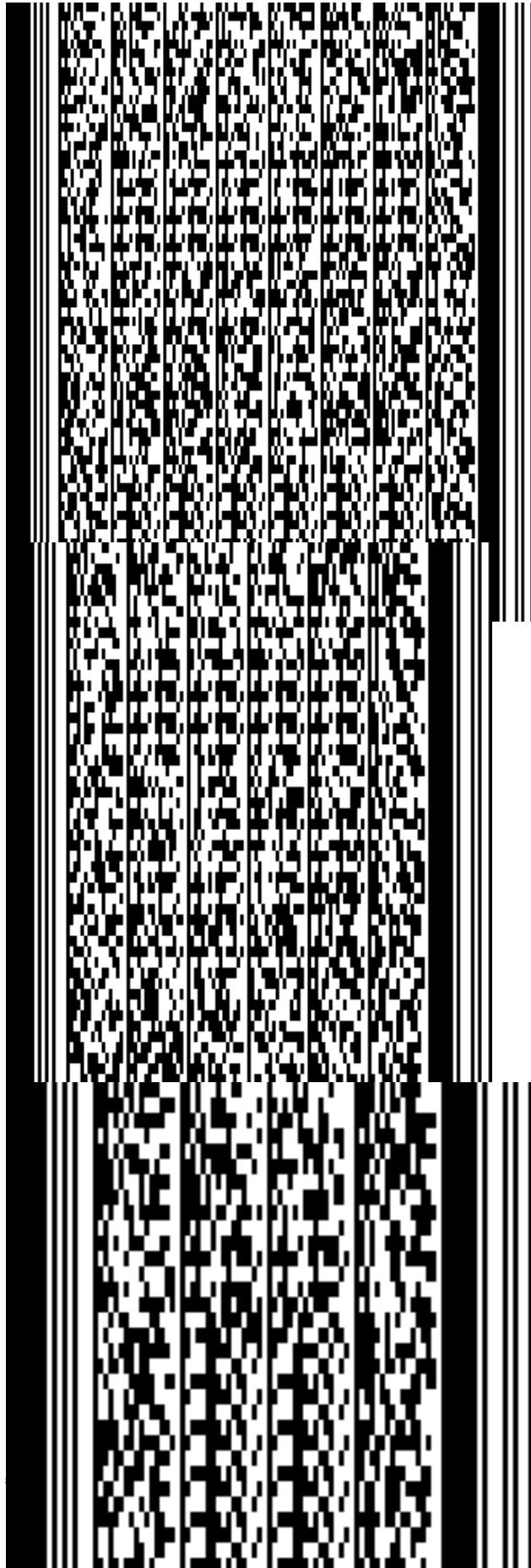
All three (3) pages of this return MUST be mailed in along with completed schedules and any barcode page that prints with your return. **Do not send cash.**

PTIN, FEIN, or LDR Account  
Number of Paid Preparer

P00246572

For Office  
Use Only.





ailed in  
code page  
sh.

Schedule NRC-P1 - Nonrefundable Priority 1 Credits		
Description	Code	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		
6.		
7. <b>Total Nonrefundable Priority 1 Credits</b> - Add Lines 1 through 6. Enter here and on Form CIT-620, Line 3.		

Description	Code
Premium Tax	100
Qualified Playgrounds	150
Debt Issuance	155

Description	Code
Donations to Public Schools	170
Donations to Eligible Maternal Wellness Center	190
Other	199

Schedule RC-P4 - Refundable Priority 4 Credits		
Description	Code	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		
6. <b>Total Refundable Priority 4 Credits</b> - Add Lines 1 through 5. Enter the result here and on Form CIT-620, Line 10B.		

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



**Schedule NRC-P3 - Part I - Nonrefundable Priority 3 Credits**

Description	Code	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		
6.		

Description	Code
Tax Equalization	305
Manufacturing Establishments	310
Other	399
Refunds by Utilities	412
Donation to School Tuition Organization	424

Description	Code
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	Amount of Credit Claimed
7.		
7A.		
8.		
8A.		
9.		
9A.		
10. <b>Total Nonrefundable Priority 3 Credits</b> - Add Lines 1 through 9. Enter the result here and on Form CIT-620, Line 8.		

**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	Amount of Credit Claimed
1.		
2.		
3.		
4.		
5.		

**Schedule RC-P2 - Part II - Transferable, Refundable Priority 2 Credits**

Description	Code	Amount of Credit Claimed
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 Refundable Priority 2 Credits:</b> Add Lines 1 through 8. Enter the result here and on Form CIT-620, Line 5.		

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
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?  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?  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		
No <input type="checkbox"/>		4		
		5		
				388387434
3. If you answered yes to Line J on Form CIT-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		

**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	173142	35441	
B. Charges for services			
C. Other gross apportionable income			
D. Total - Add the amounts in Columns 1 and 2.	173142	35441	20 47 %
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 47 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on Form CIT-620, Line E.			20 47 %



**Schedule D - Computation of Louisiana Net Income**

See instructions if separate accounting method is used and check box.

	Totals	
1A. Gross receipts	130410	.00
1B. Less returns and allowances		.00
1C. Balance. Subtract Line 1B from Line 1A.	130410	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.		.00
3. Gross profit - Subtract Line 2 from Line 1C.	130410	.00
4. Gross rents		.00
5. Gross royalties	42734	.00
6. Income from estates, trusts, partnerships		.00
7. Income from construction, repair, etc.		.00
8. Other income - Attach schedule.		.00
<b>9. Total income - Add Lines 3 through 8.</b>	<b>173144</b>	<b>.00</b>
10. Compensation of officers		.00
11. Salaries and wages (not deducted elsewhere)		.00
12. Repairs		.00
13. Bad debts		.00
14. Rent		.00
15. Taxes and licenses - Attach schedule.	7190	.00
16. Interest		.00
17. Charitable Contributions		.00
18. Depreciation - Attach schedule.		.00
19. Depletion - Attach schedule.	7209	.00
20. Advertising		.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00
22. Other employee benefit plans		.00



Schedule D - Computation of Louisiana Net Income... Continued		
	Totals	
23. Energy efficient commercial buildings deduction		.00
24. Other deductions - Attach schedule.	158745	.00
<b>25. Total deductions - Add Lines 10 through 24.</b>	<b>173144</b>	<b>.00</b>
<b>26. Net income from all sources - Subtract Line 25 from Line 9.</b>		<b>.00</b>
27. Allocable income from all sources:		
27A. Net rents and royalties from immovable or corporeal movable property		.00
27B. Royalties from the use of patents, trademarks, etc.		.00
27C. Income from estates, trusts, and partnerships		.00
27D. Income from construction, repair, etc.		.00
27E. Other allocable income		.00
27F. Allocable expenses	( )	.00
27G. Net allocable income from all sources		.00
28. Net income subject to apportionment - Subtract Line 27G from Line 26.		.00
29. Net income apportioned to Louisiana		.00
30. Allocable income from Louisiana sources:		
30A. Net rents and royalties from immovable or corporeal movable property		.00
30B. Royalties from the use of patents, trademarks, etc.		.00
30C. Income from estates, trusts, and partnerships		.00
30D. Income from construction, repair, etc.		.00
30E. Other allocable income		.00
30F. Allocable expenses	( )	.00
30G. Net allocable income from Louisiana sources		.00
31. Louisiana net income before loss adjustments - Add Line 29 and Line 30G.		.00



<b>Schedule E - Reconciliation of Income Per Books with Income Per Return</b>	
1. Net income per books	11091
2. Louisiana income tax	
3. Excess of capital loss over capital gains	
4. Taxable income not recorded on books this year - Attach schedule.	
5. Expenses recorded on books this year, but not deducted in this return	
a. Depreciation	
b. Depletion	
c. Other - Attach schedule.	
6. Total - Add Lines 1 through 5c.	11091
7. Income recorded on books this year, but not included in this return - Attach Schedule.	
8. Deductions in this tax return not charged against book income this year	
a. Depreciation	
b. Depletion	20656
c. Other - Attach Schedule.	
9. Total - Add Lines 7 through 8c.	20656
10. Net income from all sources per return - Subtract Line 9 from Line 6.	-9565



All applicable schedules must be completed.

<b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b>		
See Louisiana Revised Statute(s) 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.	3882	.00
<b>2. Additions to federal net income:</b>		
a. Louisiana income tax		.00
b. Related members interest\intangible\management fee expenses or costs - From Form R-6950 (See instructions.)		.00
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit (See instructions.)		.00
d. Federal depreciation previously accelerated via state bonus (See instructions.)		.00
e. Other additions - Attach schedule.		.00
f. Total additions - Add Lines 2a through 2e.		.00
<b>3. Subtractions from federal net income:</b>		
a. Bank dividends (See instructions.)		.00
b. All other dividends		.00
c. Interest		.00
d. Road Home - The amount included in federal taxable income		.00
e. Louisiana depletion in excess of federal depletion		.00
f. Louisiana standard deduction	3,882	.00
g. Exempt amount of related members interest\intangible\management fee expenses or costs - From Form R-6950 (See instructions.)		.00
h. Compensation for disaster services (See instructions.)		.00
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E		.00
j. COVID-19 relief benefits		.00
k. Bonus depreciation - Attach schedule.		.00
l. Other subtractions - Attach schedule.		.00
m. Total subtractions - Add Lines 3a through 3l.	3882	.00
Louisiana net income from all sources - The amount should agree with Schedule D, Line 26.		.00



<b>Schedule G - Balance Sheet per Books</b>				
<b>Assets</b>	<b>1. Beginning of Year</b>		<b>2. End of Year</b>	
1. Cash	210,601	.00	158,216	.00
2. Notes and accounts receivable		.00	5,638	.00
3. Reserve for bad debts	( )	.00	( )	.00
4. Investment in U.S. govt. obligations		.00		.00
5. Stock and obligations of subsidiaries		.00		.00
6. Other investments - Attach schedule	485,959	.00	585,959	.00
7. Loans to stockholders		.00		.00
8. Other intangible assets - Attach schedule		.00		.00
9. Accumulated depreciation	( )	.00	( )	.00
10. Inventories		.00		.00
11. Bldgs. and other depreciable assets	266,034	.00	266,034	.00
12. Accumulated depreciation	( 266,034 )	.00	( 266,034 )	.00
13. Depletable assets	412,612	.00	412,612	.00
14. Accumulated depletion	( 412,612 )	.00	( 412,612 )	.00
15. Land		.00		.00
16. Other assets - Attach schedule.		.00		.00
17. Total - Add Lines 1 through 16.	696,560	.00	749,813	.00





Schedule I - Summary of Estimated Tax Payments			
	Check Number	Date	Amount
1. Credit from prior year return			
2. First quarter estimated payment			
3. Second quarter estimated payment			
4. Third quarter estimated payment			
5. Forth quarter estimated payment			
6. Amount of extension payment			

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





LA FORM CIT-620

S CORPORATION EXCLUSION CALCULATION

STATEMENT 2

NAME, ADDRESS, AND SSN OR FEIN NUMBER	X IF SHAREHOLDER FILED		QUALIFIED SHARES FOR S CORP EXCLUSION RATIO NUMERATOR
	LOUISIANA TAX RETURN	DISTRIBUTIVE SHARE**   YEAR END SHARES	
LAURANCE R. JONES, JR 2901 VERONA MISSION HILLS, KS 66208 388-38-7434		11,091. 1,000.	0.
TOTALS		1,000.	0.

LOUISIANA NET INCOME 0. 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 CIT-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 2901 VERONA MISSION HILLS, KS 66208	

LA FORM CIT-620

SCHEDULE D - TAXES AND LICENSES

STATEMENT 4

DESCRIPTION	LA AMOUNT	TOTAL AMOUNT
TAXES DEDUCTED ON FEDERAL RETURN		7,190.
TOTALS TO CIT-620, PAGE 9, SCHEDULE D, LINE 15		7,190.

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

DESCRIPTION	LOUISIANA	EVERYWHERE
OTHER EXPENSES FROM DEPLETION PROPERTIES		114,556.
BANK CHARGES		60.
DUES AND SUBSCRIPTIONS		28,197.
OUTSIDE SERVICES		9,000.
PROFESSIONAL FEES		3,050.
STANDARD DEDUCTION		3,882.
TOTALS TO CIT-620 PAGE 9, SCHEDULE D, LINE 23		158,745.

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

DESCRIPTION	LA AMOUNT	TOTAL AMOUNT
FEDERAL DEPLETION DEDUCTION		7,209.
TOTALS TO CIT-620A PAGE 9, SCHEDULE D, LINE 19		7,209.

LA FORM CIT-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 CIT-620 PAGE 11, SCHEDULE G, LINE 21	128,000.	128,000.

## Calculation of Taxable Income for Purposes of Form 1120

1	Gross Receipts or Sales	130,410.	
	Less: Returns & Allowances		
		-----	130,410.
2	Cost of goods sold and/or operations		-----
3	Gross Profit (line 1(c) less line 2)		130,410.
4	Dividends		
5	Interest		
6	Gross Rents		
7	Gross Royalties	42,734.	
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		173,144.
Expenses:			
12	Compensation of Officers		
13	Salaries & Wages		
	Less: jobs credit		-----
14	Repairs		
15	Bad debts		
16	Rents		
17	Taxes	7,190.	
18	Interest		
19	Contributions		
20	Depreciation		
21	Less depreciation claimed elsewhere		-----
22	Depletion	7,209.	
23	Advertising		
24	Pension, profit-sharing, etc., plans		
25	Employee benefit programs		
26	Domestic Production Activities Deduction		
27	Other deductions	154,863.	-----
28	Total deductions		169,262.
29	Taxable income as a 'C' Corporation		=====
			3,882.

<b>LOUISIANA SCHEDULE K-1 EQUIVALENT</b>	<b>Shareholder's Louisiana Information</b> For Calendar Year 2025 or Fiscal Year Beginning _____, 2025; and Ending _____, _____.	<b>2025</b>
Shareholder's Name, Address and ZIP Code  <b>LAURANCE R. JONES, JR</b> <b>2901 VERONA</b> <b>MISSION HILLS, KS 66208</b>		Shareholder Number <u>1</u> Shareholder's Identifying Number <b>388-38-7434</b> What type of entity?      Included in composite return <input type="checkbox"/> <b>INDIVIDUAL</b> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Amended Schedule K-1 <input type="checkbox"/> Final Schedule K-1 <input type="checkbox"/>
Corporation's Name, Address and ZIP Code  <b>INTERSTATE PRODUCTION COMPANY</b> <b>2901 VERONA</b> <b>MISSION HILLS, KS 66208</b>		Corporation's Identifying Number <b>43-1231307</b> <b>Shareholder's Percentage of:</b> Profit <u>100.0000</u> % Loss <u>100.0000</u> % Credit <u>100.0000</u> %

**SHARE OF INCOME**

- |  |          |
|--|----------|
| 1. Income distributable to LA .....        |          |
| 2. Income not distributable to LA .....    |          |
| 3. Credit claimed on return (Y), (N) ..... | <u>N</u> |

**Nonrefundable priority 1 credits**

Description	Code	
Premium tax	100	
Qualified Playgrounds	150	
Debt Issuance	155	
Donations to Public schools	170	
Donations to eligible maternal wellness center	190	
Other	199	

**Refundable priority 2 credits**

Description	Code	
Ad Valorem Offshore Vessels	52F	
Telephone Company Property	54F	
Milk Producers	58F	
Technology Commercialization	59F	
School readiness child care provider	65F	
School readiness business-supported child care	67F	
School readiness fees and grants to resource and referral agency	68F	
Retention and Modernization	70F	
Digital Interactive Media and Software	73F	
Restaurant recycling of Oyster Shells	79F	
Other refundable credit	80F	

**Nonrefundable priority 3 credits**

<b>Transferable</b>		
Description	Code	
Motion Picture Investment	251	
Research and Development	252	
Historic Structure	253	
Capital company	257	
LCDFI	258	
Motion picture infrastructure	261	
Angel Investor	262	
Other	299	

<b>LOUISIANA SCHEDULE K-1 EQUIVALENT</b>	<b>Shareholder's Louisiana Information</b>		<b>2025</b>
	Shareholder's Identifying Number <u>388-38-7434</u>	Corporation's Identifying Number <u>43-1231307</u>	<b>Page 2</b>

**Nonrefundable priority 3 credits**

**Non-transferable**

<b>Description</b>	<b>Code</b>	
Tax Equalization	305	_____
Manufacturing establishment	310	_____
Other	399	_____
Refunds by utilities	412	_____
Donation to school tuition organization	424	_____
QMC Music Job creation	454	_____
Neighborhood Assistance	457	_____
Research and Development	458	_____
Ports of LA import and export cargo	459	_____
LA Import	460	_____
LA work opportunity	461	_____
Youth Job	462	_____
Apprenticeship (2022)	463	_____
Donation to qualified foster care charitable organization	464	_____
Inventory tax credit carried forward and ITEP	500	_____
Add valorem natural gas carried forward	502	_____
Atchafalaya Trace	504	_____
Cane river heritage	506	_____
Ports of LA investor	508	_____
Enterprise Zone	510	_____
Recycling credit	550	_____
Other	599	_____

**Refundable priority 4 credits**

<b>Description</b>	<b>Code</b>	
Inventory Tax	50F	_____
Ad Valorem Natural Gas	51F	_____

# Oklahoma Small Business Corporation Income Tax Return

Form 512-S  
2025



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

For the year January 1 - December 31, 2025, or other taxable year beginning:  **2025** ending:

Type of Tax Year (If not calendar year):  Fiscal Year  Short Year  52/53 Week Year

Name of Corporation <b>INTERSTATE PRODUCTION COMPANY</b>		Federal Employer Identification Number <b>431231307</b>	Business Code Number <b>211120</b>
Street Address <b>2901 VERONA</b>			
City <b>MISSION HILLS</b>	State or Province <b>KS</b>	Country <input type="text"/>	ZIP or Foreign Postal Code: <b>66208</b>
Date of Incorporation <b>052681</b>	Under the Laws Of <input type="text"/>	County in Which Located <input type="text"/>	Type of Business <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 pass-through entity (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 1, 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.**

		ROUND TO NEAREST WHOLE DOLLAR.	
1a	Nonresident share of income from Page 8, Part 5, line 14 .....	1a	1127 00
1b	Nonresident share of Oklahoma capital gain deduction (provide Form(s) 561-S) .....	1b	00
1c	Nonresident share of deductions (see instructions) .....	1c	00
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box .....	1	1127 00

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

2a	Nonresident Oklahoma tax (4% of line 1) .....	2a	45 00
2b	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1, line 23) .....	2b	00
2c	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2, line 23) .....	2c	00
2	Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box) .....	2	45 00
3	Other Credits Form (see instructions) (provide Form 511-CR) .....	3	00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4	45 00



FEIN: 431231307

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

5	2025 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) .....	5		00
6	Amount paid with extension request .....	6		00
7	<b>STATEMENT 1</b>			
7	Oklahoma withholding ( <b>provide</b> withholding statement) .....	7	668	00
8	Refundable Credits 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	668	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.) .....	12	623	00
13	Amount of line 12 to be credited to your 2026 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 .....	14		00
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>	623	00

**Direct Deposit Note:**

All refunds must be made 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:

Account Number:



FEIN: 431231307

**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	(a) For delinquent payment, add penalty of 5%			19a	00
	(b) For delinquent payment, add interest of 1.25% per month			19b	00
20	Total tax, penalty and interest (add lines 17-19b)	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 a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature of Officer		Date		Signature of Preparer		Date	
Printed Name of Officer		Officer Email Address		Printed Name of Preparer		Preparer Email Address	
Title		Phone Number		Phone Number		Preparer's PTIN	
CFO				3618878916		P00246572	
		brud@lagunagulf.com		CRAIG A. ADAMSON		CRAIG@ADAMSONCPA FIRM	
				CRAIG A ADAMSON			

**This form is due 30 days after the due date of the federal return.**  
**Provide a complete copy of your federal return.**  
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



FEIN: 431231307

**PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS** Complete Column A. Column B should be completed by S Corporations whose income is all within Oklahoma and/or by those whose income is partly within and partly without Oklahoma (not of a unitary nature). **CAUTION:** Include only trade or business income and expenses on lines 1a through 23 below.

		Column A As Reported on Federal Return	Column B Total Applicable to Oklahoma
1	a. Gross receipts or sales ..... \$ <u>130410</u>		
	b. Minus returns and allowances ..... \$ _____	130410 00	1
2	Cost of goods sold and/or operations .....		2
3	Gross profit (subtract line 2 from line 1) .....	130410 00	3
4	Net gain (loss) (Form 4797, Part II, line 17) .....		4
5	Other income (loss) (provide schedule) .....		5
6	Add-back duplicated federal depreciation .....		6
7	<b>Total income</b> (loss) (add lines 3 through 6) .....	130410 00	7
8	Compensation of officers .....		8
9	Salaries and wages .....		9
10	Repairs and maintenance .....		10
11	Bad debts .....		11
12	Rent .....		12
13	Taxes and licenses .....	7190 00	13
14	Interest .....		14
15	Depreciation .....		15
16	Depletion (do not deduct oil and gas depletion) .....		16
17	Advertising .....		17
18	Pension, profit-sharing, etc. plans .....		18
19	Employee benefit programs .....		19
20	Other deductions (provide schedule) .....	143567 00	20
21	Subtract Oklahoma bonus depreciation .....		21
22	<b>Total deductions</b> (add lines 8 through 21) .....	150757 00	22
23	<b>Ordinary Income (Loss) from trade or business:</b> Subtract line 22 from line 7. Enter here and on Part 3, line 1 .....	-20347 00	23



FEIN: 431231307

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

**INCOME (LINES 1 THROUGH 11)**

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	Ordinary income (loss) from trade or business (from Part 2, line 23) .....	- 20347 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 00
	(d) Other interest income .....	00	4d 00
5	Dividend income .....	00	5 00
6	Royalties .....	42734 00	6 00
7	Net short-term capital gain (loss) (Federal Form 1120-S, Schedule D) .....	00	7 00
8	Net long-term capital gain (loss) (Federal Form 1120-S, Schedule D) .....	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) .....	22387 00	11 00
<b>DEDUCTIONS (LINES 12 THROUGH 17)</b>			
12	Section 179 deduction ( <b>provide</b> schedule) .....	00	12 00
13	Contributions .....	00	13 00
14	Deductions related to portfolio income .....	11296 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) .....	11296 00	17 00
<b>TOTAL (LINE 18)</b>			
18	Net distributable income (line 11 minus line 17) .....	11091 00	18 1127 00

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



FEIN: 431231307

**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	11091
2	Oklahoma bonus depreciation adjustment:				
	(a) Add-back duplicated federal depreciation .....	2a			
	(b) Subtract Oklahoma bonus depreciation .....	2b			
	(c) Total Oklahoma bonus depreciation adjustment (combine lines 2a and 2b)		2c		
3	Add:				
	(a) Taxes based on income .....	3a			
	(b) Unallowable deduction (provide schedule) .....	3b			
	(c) Other income (provide schedule) .....	3c			
	(d) _____ .....	3d			
	(e) Total of lines 3a through 3d .....		3e		
4	Deduct all items separately allocated				
	(a) Interest on obligations of the United States .....	4a			
	(b) _____ .....	4b			
	(c) _____ .....	4c			
	(d) Total of lines 4a through 4c .....		4d		
	(Note: Items listed in 3 and 4 above must be net amounts supported by schedules showing source, location, expenses, etc.)				
5	Net apportionable income (line 1 plus line 2c and line 3e, minus line 4d) .....			5	11091
6	Oklahoma's portion thereof <u>10.160</u> % .....			6	1127
7	Add items separately allocated to Oklahoma:				
	(a) _____ .....	7a			
	(b) _____ .....	7b			
	(c) _____ .....	7c			
	(d) _____ .....	7d			
	(e) Total of lines 7a through 7d .....		7e		
8	Oklahoma net distributable income (add lines 6 and 7e; enter here and on Page 5, Part 3, Column B, line 18) .....			8	1127



FEIN: 431231307

**APPORTIONMENT FORMULA**

		<u>Column A</u>	<u>Column B</u>	<u>Column C</u> (A divided by B)
		<u>Total Within Oklahoma</u>	<u>Total Within and Without Oklahoma</u>	<u>Percent Within Oklahoma</u>
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	17591		
	(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	\$ 17591	\$ 173142	3c 10.160 %
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			10.160 %
6	Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 6) ..... 6			10.160 %

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



FEIN: 431231307

**PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME**

Enter the information for each shareholder. If there are more than two 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 of Each Shareholder	LAURANCE R JONES	
	Name:		
	Address:	2901 VERONA	
	City, State, ZIP:	MISSION HILLS KS 66208	
2	SSN or FEIN	388387434	
3	Ownership Percentage	100.0000%	
4	Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	11091	
5	Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3*)	1127	
6	Oil and Gas Depletion (Federal)		
7	Oil and Gas Depletion (Oklahoma)		
8	Amount of Credit		
9	Type of Credit		
10	Amount of Withholding	668	
11	Type of Withholding	OIL AND GAS ROYAL	

**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? 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 if line 12 is NO (enter the distributable Oklahoma income from line 5)	1127	
----	---	------	--

**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. Enter here and on Page 1, Part 1, line 1a	\$	1127
----	--	----	------

\*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 the corporate return. Examples of these include: Form 1099-MISC, Form 500-A: Nonresident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit, and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be provided.

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

FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY



FEIN: 431231307

**PART 6: ADDITIONAL INFORMATION**

**Location of Principal Accounting Records**

2901 VERONA MISSION HILLS KS 66208  
Address City State ZIP

Has the Internal Revenue Service (IRS) redetermined your tax liability for prior years?  Yes  No Years? \_\_\_\_\_

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

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

Business name: \_\_\_\_\_ Date business began in Oklahoma: 052681

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 1120-X or 1139 and a copy of the "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's Report (RAR).

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions for Filing an Amended Return**

When filing an amended return, place an "X" in the Amended Return checkbox 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 IRS 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**

2025

Shareholder	X If Nonresident	ID Number	Number of Shares	Ownership Percentage
1 LAURANCE R. JONES, JR 2901 VERONA MISSION HILLS, KS 66208	X	388387434	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	11091		1127	X	1127
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	668.
TOTAL TO FORM 512-S, PAGE 2, LINE 7	668.

OKLAHOMA SCHEDULE K-1 EQUIVALENT	Shareholder's Information For Calendar Year 2025, or Fiscal Year , and Ending		2025
	Beginning		
Shareholder's Name, Address, and ZIP Code  LAURANCE R. JONES, JR 2901 VERONA MISSION HILLS, KS 66208	Shareholder's Identification Number Percent of Shares Owned Number of Shares Owned	388387434 100.000000 % 1,000.00	
Corporation's Name, Address, and ZIP Code  INTERSTATE PRODUCTION COMPANY 2901 VERONA MISSION HILLS, KS 66208	Check Box if <input checked="" type="checkbox"/> Non-Resident Check Box if Non-Resident <input checked="" type="checkbox"/> Agreement not Executed	Corporation's Identifying Number  43-1231307	

**Shareholder's Share of Income**

	Amount
Distributable Federal Income .....	11,091
<b>NONRESIDENT</b> Distributable Oklahoma Income .....	1,127
Depletion Federal Oil and Gas .....	
Depletion Oklahoma Oil and Gas .....	

**Oklahoma S Corporation Withholding and Credits**

	Amount
Oklahoma Withholding on Royalties for Nonresidents .....	668
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 Electric Vehicle Charging Tax .....	
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 .....	_____

### 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

2026

05/15/2026

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

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

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

**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](http://www.comptroller.texas.gov/about/contact).

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

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

<b>sign here</b> ▶	Title CFO	Date	Area code and phone number (816) 474-9737
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**Texas Comptroller Official Use Only**



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



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