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**CD-429 (FL)**

**Corporate Estimated Income Tax**

8-6-02

(Enter as YYYY)

North Carolina Department of Revenue

(Enter dates as MM DD YY)

(Enter installment as 1, 2, 3, or 4)

(Enter date as MM DD YY)

For calendar year 0000

or other tax year beginning 00 00 00  
and ending 00 00 00

Installment Number / Due Date  
X 00 00 00

If address has changed since last filing, report the correct address on Form NC-AC, Address Correction Notification.

FEIN 000000000 (FEIN-No dashes)  
JOHNSON AND JOHNSON PHARMACEUTICALS INC  
5121 VALDEZ COURT  
SUITE 500  
RALEIGH NC 27605

**AMOUNT OF THIS PAYMENT**

\$

00000000.00

Mail to: NCDOR, PO Box 25000, Raleigh, N.C. 27640-0650

64001XX005



9999X 999999999X 0000000 06602