

D-403 (SD)

9-8-03

2003 Partnership Income Tax Return

North Carolina Department of Revenue

For calendar year 2003 or

For other year starting

MM DD YY

and ending

MM DD YY

JOHNSON AND JOHNSON PHARMACEUTICALS INC
5121 VALDEZ COURT
RALEIGH NC 27605-0001 WAKE

Federal Employer ID Number: 176453458
If LLC, Secretary of State ID Number: 6253238

Filing Information:

- Initial Return, Amended Return, Final Return, Entity is Partnership, Entity is LLC, Entity has Nonresident Owners, Entity has Escheatable Property

For Computer Use Only

JOHN 5121 27605 IR Y AR Y FR N PA N LLC N NO N
JOHNSON AND JOHNSON PHARMACEUTICALS INC 176453458 6253238 EP N
5121 VALDEZ COURT RALEIGH NC 27605
01 -0000000000 09 -0000000000 15 0000000000
02 0000000000 10 0000000000 17 0000000000
04 0000000000 11 0000000000 18 0000000000
06 0000000000 12 0000000000 TN 9197118888
08 -0000000000 13 0000000000 PN 9197118888



Part 1. Computation of Income Tax Due or Refund

Table with 2 columns: Description and Amount. Rows include: 1. Enter the total income or loss from Form 1065, 2. Guaranteed payments to partners, 3. Line 1 minus Line 2, 4. Additions to federal taxable income, 5. Add Lines 3 and 4, 6. Deductions from federal taxable income, 7. Line 5 minus Line 6, 8. Net distributive partnership income to be apportioned to N.C., 9. Net distributive partnership income solely from business activities in N.C., 10. Total tax due for nonresident partners, 11. Tax paid with extension, 12. Other prepayments of tax, 13. Tax paid by other partnerships or by S Corporations and tax withheld from personal services income, 14. Add Lines 11 through 13, 15. Net tax due for nonresident partners, 16. Penalties and interest, 17. Total Due for nonresident partners, 18. Amount to be Refunded.

Sign Return Below

Refund Due

0000000000

Payment Due

0000000000

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than the managing partner, this certification is based on all information of which the preparer has any knowledge.

Signature of Managing Partner

Date

Signature of Preparer Other than Managing Partner

Date

( )

Telephone Number (Area code required)

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion: JOHNSON PHARMACY

Address

( )

Preparer's Telephone Number (Area code required)

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0645

**Part 2. Apportionment % for Partnerships with at least One Nonresident Partner Operating in N.C. and in at least One Other State**

	1. Within North Carolina		2. Total Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land	000000000	000000000	000000000	000000000
2. Buildings	000000000	000000000	000000000	000000000
3. Inventories	000000000	000000000	000000000	000000000
4. Other property	000000000	000000000	000000000	000000000
5. Total	000000000	000000000	000000000	000000000
6. Average value of property		000000000		000000000
7. Rented Property		000000000		000000000
8. Property Factor		000000000		000.0000%
9. Gross Payroll		000000000		000000000
10. Compensation of general executive officers		000000000		000000000
11. Payroll Factor		000000000		000.0000%
12. Sales Factor		000000000		000.0000%
13. Sales Factor				000.0000%
14. Total of Factors				000.0000%
15. N.C. Apportionment Percentage				000.0000%

**Part 3. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items**

**B. Computation of North Carolina Taxable Income for Nonresident Partners**

**C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax**

A.	Partner 1	Partner 2	Partner 3
1. Identifying Number	000000000	000000000	000000000
2. Name	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Address	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Partner's share percentage	00.0000%	00.0000%	00.0000%
5. Type of partner	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Additions to income (loss)	000000000	000000000	000000000
7. Deductions from income (loss)	000000000	000000000	000000000
8. Share of tax credits	000000000	000000000	000000000
B. 9. Guaranteed payments to nonresident partners	000000000	000000000	000000000
10. Percentage from Line 4 times amount on Part 1, Line 8	000000000	000000000	000000000
11. Add Lines 9 and 10	000000000	000000000	000000000
12. Apportionment percentage from Part 2, Line 15	000.0000%	000.0000%	000.0000%
13. Multiply Line 11 by Line 12	000000000	000000000	000000000
14. Guaranteed payments to nonresident partners	000000000	000000000	000000000
15. Percentage from Line 4 times amount on Part 1, Line 9	000000000	000000000	000000000
16. N.C. taxable income	000000000	000000000	000000000
C. 17. Tax Due	000000000	000000000	000000000
18. Tax credits allocated to nonresident partners	000000000	000000000	000000000
19. Net Tax Due	000000000	000000000	000000000

**Part 4. North Carolina Adjustments to Federal Taxable Income**

	Additions	Deductions
1. Additions for interest income from obligations of states other than N.C.	000000000	
2. State, local, or foreign income taxes deducted on or reported as income on federal return	000000000	000000000
3. Adjustment for additional first-year depreciation	000000000	
4. Deductions for interest income from obligations of the U.S., U.S.' possessions, or the State of N.C.		000000000
5. Other additions or deductions from federal taxable income	000000000	000000000
6. Total additions or deductions from federal taxable income	000000000	000000000

<b>Tax Rate Schedule: If the amount</b>	\$ 0		\$ 12,750		6% of the taxable income
<b>of each nonresident partner's share</b>	\$ 12,750	<b>But not</b>	\$ 60,000	<b>The tax is</b>	\$ 765 + 7% of the amount over \$ 12,750
<b>of N.C. taxable income (from Part 3,</b>	\$ 60,000	<b>over</b>	\$ 120,000		\$ 4,072.50 + 7.75% of the amount over \$ 60,000
<b>Line 16) is more than</b>	\$ 120,000		-----		\$ 8,722.50 + 8.25% of amount over \$ 120,000