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CD-V (FL)

Franchise Tax Payment Voucher

8-26-02 _____ North Carolina Department of Revenue _____

For calendar year (Enter as YYYY) 0000 or other tax year beginning (Enter dates as MM DD YY) 00 00 00 and ending (Enter dates as MM DD YY) 00 00 00

JOHN 5121 27605 999999999
(FEIN-No dashes)

(Legal Name) (USE CAPITAL LETTERS)
JOHNSON AND JOHNSON PHARMACEUTICALS INC

(Address)
5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX

(City) (State) (Zip Code)
RALEIGHXXXXXXXXXX20MAX NC 27605

Total Franchise Tax Due

\$ 00000000.00

9999X 999999999X 0000000 05002

