

2006 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year 2006 or

For other year starting

MM DD 06

and ending

MM DD YY

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

Federal Employer ID Number: 176453458

Administrator Executor Other

Filing Information:

Initial Return Amended Return Final Return Entity has Nonresident Beneficiaries

Estate Information:

Date of Decedent's Death 09 22 02 Check box if final distribution of assets made during the tax year. If no return filed last year, reason why XXXXXXXX

Trust Information:

Date Trust Created 09 22 02 If no return filed last year, reason why XXXXXXXX

Name and Address of Grantor JOHNSON AND JOHNSON PHARMACEUTICALS INC
5121 VALDEZ COURT DR
RALEIGH NC 27605-0001 WAKE

For Computer Use Only

JOHN 5121 27605 IR Y AR N FR Y NRB N
JOHNSON AND JOHNSON PHARMACEUTICALS INC 176453458
JOHNSON AND JOHNSON PHARMACEUTICALS INC
5121 VALDEZ COURT RALEIGH NC 27605
01 -0000000000 09 0000000000 14 0000000000
02 0000000000 10 0000000000 16 0000000000
04 0000000000 11 0000000000 17 0000000000
06 -0000000000 12 0000000000 TN 9197118888
PN 9197118888



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 fiduciary, this certification is based on all information of which the preparer has any knowledge.

Signature of Fiduciary Representing Estate or Trust Date

Signature of Preparer other than Fiduciary Date

() Telephone Number (Area code required)

Address ()

Preparer's Telephone Number (Area code required)

Last Name (First 10 Characters) **MCALLISTER** Federal Employer ID Number **176453458**

Computation of Income Tax Due or Refund

1. Federal taxable income	1. -0000000000
2. Additions to taxable income	2. 0000000000
3. Add Lines 1 and 2	3. -0000000000
4. Deductions from taxable income	4. 0000000000
5. Line 3 minus Line 4	5. -0000000000
6. Did the entity receive for the benefit of a nonresident beneficiary intangible income from any source or business income from sources outside of N.C.? If so, enter the portion of Line 5 attributable to this income; otherwise, enter zero	6. -0000000000
7. N.C. taxable income	7. -0000000000
8. Tax due	8. 0000000000
9. Tax credits	9. 0000000000
10. Tax paid with extension	10. 0000000000
11. Other prepayments of tax	11. 0000000000
12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R	12. 0000000000
13. Total tax credits and payments	13. 0000000000
14. If Line 8 is more than Line 13, subtract and enter the result	14. 0000000000
15. Penalties and interest	15. 0000000000
16. Add Lines 14 and 15 and enter the total - Pay this Amount	16. 0000000000
17. If Line 8 is less than Line 13, subtract and enter the Amount to be Refunded	17. 0000000000

Schedule A. North Carolina Fiduciary Adjustments

Additions	1. Interest income from obligations of states other than North Carolina	1. 0000000000
	2. State, local, or foreign income taxes deducted on the federal return	2. 0000000000
	3. Other additions to federal taxable income	3. 0000000000
	4. Total additions to federal taxable income - Add Lines 1 through 3	4. 0000000000
Deductions	5. Interest income from obligations of the United States or United States' possessions	5. 0000000000
	6. Taxable portion of Social Security and Railroad Retirement benefits	6. 0000000000
	7. Federal, state, or local government retirement benefits exclusion	7. 0000000000
	8. Private retirement benefits exclusion	8. 0000000000
	9. Add Lines 7 and 8	9. 0000000000
	10. Enter the amount from Line 9 or \$4,000, whichever is less	10. 0000000000
	11. State, local, or foreign income tax refunds reported as income on federal return	11. 0000000000
	12. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004	12. 0000000000
	13. Other deductions from federal taxable income	13. 0000000000
	14. Total deductions from federal taxable income - Add Lines 5, 6, 10, 11, 12, and 13	14. 0000000000

Schedule B. Allocation of Adjustments

	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
1. Identifying Number	000000000	000000000	000000000	000000000
2. Name	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Additions	0000000000	0000000000	0000000000	0000000000
4. Deductions	0000000000	0000000000	0000000000	0000000000

Tax Rate Schedule

If the amount on	\$ 0		\$ 12,750		6% of the taxable income
Page 1, Line 7	\$ 12,750	But not	\$ 60,000	The tax is	\$ 765 + 7% of the amount over \$ 12,750
is more than	\$ 60,000	over	\$ 120,000		\$ 4,072.50 + 7.75% of the amount over \$ 60,000
	\$ 120,000		-----		\$ 8,722.50 + 8.25% of amount over \$ 120,000