

E-500 (SD)

8-10-06

Sales and Use Tax Return
North Carolina Department of Revenue

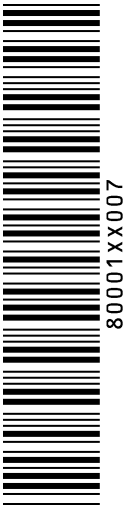
Account ID 176453458 JOHNSON AN Period Ending MM DD YY

Filing Frequency QUARTERLY File By MM DD YY

JOHNSON AND JOHNSON PHARMACEUTICALS INC
5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXXXX20MAX NC 27605

- 1. North Carolina Gross Receipts (Do not include tax collected) 1. 000000000.00
2. Sales for Resale (Do not include on Line 3 below) 2. 000000000.00
3. Receipts Exempt From State Tax (Include sales exempt from State tax such as food) 3. 000000000.00

Table with 5 columns: Tax Type, Purchases for Use, Receipts, Rate, Tax. Rows include various state and county rates (4a-11), total taxes (12-14), and penalties/interest (15-19), ending with Total Due (20).



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

Mail To: PO Box 25000, Raleigh, NC 27640-0700

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_