

2008 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year 2008 or fiscal year beginning 12 45 08 and ending 12 45 78

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

Federal Employer ID Number: 123456789

Administrator Executor Other

Filing Information:

Initial Return Amended Return Final Return Entity has Nonresident Beneficiaries

Estate Information:

Date of Decedent's Death 12 45 78 Check box if final distribution of assets made during the tax year. If no return filed last year, reason why

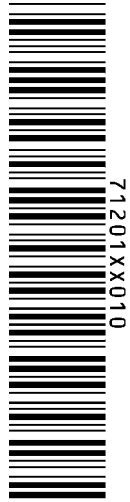
Trust Information:

Date Trust Created 12 45 78 If no return filed last year, reason why

Name and Address of Grantor ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN
ABCDEFGHIJKLMNOPQRSTUVWXYZABCD
ABCDEFGHIJKLMNOPQRSTUVWXYZ AB 12345 ABCDEFGHIJKLMN

For Computer Use Only

ABCD ABCD 12345 IR A AR A FR A NRB A
ABCDEFGHIJKLMN 123456789
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQR AB 12345
01 -1234567890 09 1234567890 14 1234567890
02 1234567890 10 1234567890 16 1234567890
04 1234567890 11 1234567890 17 1234567890
06 -1234567890 12 1234567890 TN 1234567890
PN 1234567890



Sign Return Below Refund Due 1234567890 Payment Due 1234567890

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)

**D-407 2008 Page 2 (SD)**

Last Name (First 10 Characters) **ABCDEFGHIJ** Federal Employer ID Number **123456789**

**Computation of Income Tax Due or Refund**

1. Federal taxable income	1. -1234567890
2. Additions to taxable income	2. 1234567890
3. Add Lines 1 and 2	3. -1234567890
4. Deductions from taxable income	4. 1234567890
5. Line 3 minus Line 4	5. -1234567890
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. -1234567890
7. N.C. taxable income	7. -1234567890
8. Tax due	8. 1234567890
9. Tax credits	9. 1234567890
10. Tax paid with extension	10. 1234567890
11. Other prepayments of tax	11. 1234567890
12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R	12. 1234567890
13. Total tax credits and payments	13. 1234567890
14. If Line 8 is more than Line 13, subtract and enter the result	14. 1234567890
15. Penalties and interest	15. 1234567890
16. Add Lines 14 and 15 and enter the total - <b>Pay this Amount</b>	16. 1234567890
17. If Line 8 is less than Line 13, subtract and enter the <b>Amount to be Refunded</b>	17. 1234567890

**Schedule A. North Carolina Fiduciary Adjustments**

<b>Additions</b>	1. Interest income from obligations of states other than North Carolina	1. 1234567890
	2. State, local, or foreign income taxes deducted on the federal return	2. 1234567890
	3. Adjustment for bonus depreciation	3. 1234567890
	4. Other additions to federal taxable income	4. 1234567890
	5. Total additions to federal taxable income - Add Lines 1 through 4	5. 1234567890
<b>Deductions</b>	6. Interest income from obligations of the United States or United States' possessions	6. 1234567890
	7. Taxable portion of Social Security and Railroad Retirement benefits	7. 1234567890
	8. Federal, state, or local government retirement benefits exclusion	8. 1234567890
	9. Private retirement benefits exclusion	9. 1234567890
	10. Add Lines 8 and 9	10. 1234567890
	11. Enter the amount from Line 10 or \$4,000, whichever is less	11. 1234567890
	12. State, local, or foreign income tax refunds reported as income on federal return	12. 1234567890
	13. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004	13. 1234567890
	14. Other deductions from federal taxable income	14. 1234567890
	15. Total deductions from federal taxable income - Add Lines 6, 7, 11, 12, 13, and 14	15. 1234567890

**Schedule B. Allocation of Adjustments**

	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
1. Identifying Number	123456789	123456789	123456789	123456789
2. Name	ABCDEFGHIJKLMNO ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO ABCDEFGHIJKLMNO
3. Additions	1234567890	1234567890	1234567890	1234567890
4. Deductions	1234567890	1234567890	1234567890	1234567890

**Tax Rate Schedule**

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