E-588 (SD)
10-1-08

Business Claim for Refund
State and County Sales and Use Taxes
North Carolina Department of Revenue

DRAFT

Account ID 376453451 Period Beginning MM DD YY Period Ending MM DD YY

☒ SSN ☐ FEIN 176453458

JOHNSON AND JOHNSON PHARMACEUTICALS WAKEXXXXXXXX
5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXX20MAX NC 27605

Name of Person if We Should Have Questions About this Claim: ALEXANDER K MCALLISTER
Contact Telephone: 9197118888
Date of Payment: MM DD YY

Location of Records
5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXX20MAX NC 27605

1. Name of Taxing County — 1. TRANSYLVANIA

	State Tax	County Tax
2. Amount of Tax Paid	2S. 00000000.00	2C. 00000000.00
3. Corrected Tax	3S. 00000000.00	3C. 00000000.00
4. Amount of Refund Requested	4S. 00000000.00	4C. 00000000.00

5. Total Refund Requested — 5. 00000000.00

6. Allocation of County Tax on Line 4

Food 2% Tax	County 2.25% Tax	County 2.5% Tax	County 2.75% Tax
0000000.00	0000000.00	0000000.00	0000000.00

Additional County 1% Tax	Mecklenburg Transit .5% Tax
0000000.00	0000000.00

Basis of Claim:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Does basis of claim originate from request for refund by customer: ☒ Yes ☐ No

Customer's Name:
JOHNSON AND JOHNSON PHARMACEUTICALS

Customer's Address:
5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXX20MAX NC 27605

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

Mail To: PO Box 25000, Raleigh, NC 27640-0001

Signature: ______________________ Date: __________

Title: ______________________ Phone: ( ) __________

For Departmental Use Only

Refund Approved:

State Tax	County Tax	Total Tax

☐ As Filed
☐ As Corrected

By: ______________________ Date: __________