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Paper: To pay your tax by mail cut across the dotted line and send the completed voucher and your check or money order to the mailing address provided below.

Cut Here

CD-429 (SD) _____ **Corporate Estimated Income Tax** _____
8-8-05 North Carolina Department of Revenue

JOHN	5121	27605	FEIN	999999999	Tax year starting	00	00	00
					and ending	00	00	00

If address has changed since last filing, report the correct address on Form NC-AC, Address Correction Notification.

FEIN 000000000 SOS 0000000
JOHNSON AND JOHNSON PHARMACEUTICALS INC
5121 VALDEZ COURT
SUITE 500
RALEIGH NC 27605

AMOUNT OF THIS PAYMENT

\$ 00000000.00

Mail to: NCDOR, PO Box 25000, Raleigh, N.C. 27640-0650

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