

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

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4 **NC-3M (SD)**
5 9-13-02

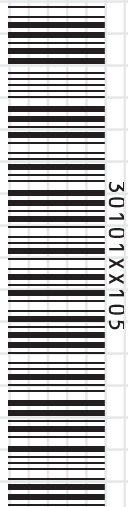
4 **Annual Withholding Reconciliation**
5 North Carolina Department of Revenue

8 For tax year **YYYY** File this form by **FEBRUARY 28**

10
11 **JOHNSON AND JOHNSON PHARMACEUTICALS INC** Account ID
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13 **JOHNSON AND JOHNSON PHARMACEUTICALS INC** 176453458
14
15 **5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX**
16
17 **RALEIGHXXXXXXXX20MAX NC 27605**

20 **Enter Total Adjusted Tax Withheld for Each Month Below.**

21	1. January	1.	00000000.00
22	2. February	2.	00000000.00
23	3. March	3.	00000000.00
24	4. April	4.	00000000.00
25	5. May	5.	00000000.00
26	6. June	6.	00000000.00
27	7. July	7.	00000000.00
28	8. August	8.	00000000.00
29	9. September	9.	00000000.00
30	10. October	10.	00000000.00
31	11. November	11.	00000000.00
32	12. December	12.	00000000.00
33	13. Total Tax Withheld (Add Lines 1-12)	13.	00000000.00
34	NOTE: If the amount on Line 13 differs from the amount on Line 15, see the instructions for Line 15.		
35	14a. Tax Withheld Per W-2 Statements	14a.	00000000.00
36	14b. Tax Withheld Per 1099 Statements	14b.	00000000.00
37	15. Total Tax Withheld Per Statements	15.	\$ 00000000.00



38 **Signature:** _____ **Date:** _____

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

40 **Title:** _____ **Phone:** () _____

41 **Mail to:** NCDOR, PO Box 25000, Raleigh, NC 27640-0001

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