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NC-5Q (SD) 8-03-05 **Quarterly Income Tax Withholding Return**
North Carolina Department of Revenue

This return is for semiweekly payers only. Monthly payers use Form NC-3M and quarterly payers use Form NC-3.

Account ID

000000000

Date Quarter Ended

MM DD YY

Do not send payment with this form. Use Form NC-5PX to pay additional tax and interest.

Business Name and Address

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

JOHNSON AND JOHNSON PHARMACEUTICALS INC

Street Address

5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX

5121 VALDEZ CTXXXXXXXXXXXXXXXX35MAX

City

RALEIGHXXXXXXXX20MAX

State

NC

Zip Code (5 Digit)

27605



-
- 1. **Total tax required to be withheld**
(From Line IV on Page 2 of this form) **1.** 00000000.00
 - 2. **Total payments to North Carolina for quarter** **2.** 00000000.00
 - 3. **If Line 1 is more than Line 2, subtract and enter underpayment** **3.** 00000000.00
 - 4. **If Line 1 is less than Line 2, subtract and enter overpayment**
The overpayment will be refunded **4.** 00000000.00
-

This form must be filed on or before the last day of the month following the close of the quarter.

MAIL TO: North Carolina Department of Revenue, Post Office Box 25000, Raleigh, North Carolina 27640-0605

Signature:

Date:

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

Title:

Phone: ()

NC-5Q Page 2 (SD)

Legal Name (First 10 Characters) **JOHNSON AN** Account ID **000000011**

Employer's Record of State Tax Liability

See NC-30 for more information about withholding tax returns.

Complete this schedule by entering the N.C. income tax required to be withheld each payday, not payments.

I. Tax Withheld - First Month of Quarter

1	00000000.00	8	00000000.00	15	00000000.00	22	00000000.00	29	00000000.00
2	00000000.00	9	00000000.00	16	00000000.00	23	00000000.00	30	00000000.00
3	00000000.00	10	00000000.00	17	00000000.00	24	00000000.00	31	00000000.00
4	00000000.00	11	00000000.00	18	00000000.00	25	00000000.00		
5	00000000.00	12	00000000.00	19	00000000.00	26	00000000.00		
6	00000000.00	13	00000000.00	20	00000000.00	27	00000000.00		
7	00000000.00	14	00000000.00	21	00000000.00	28	00000000.00		

I. Total tax required to be withheld for first month of quarter **I.** 00000000.00

II. Tax Withheld - Second Month of Quarter

1	00000000.00	8	00000000.00	15	00000000.00	22	00000000.00	29	00000000.00
2	00000000.00	9	00000000.00	16	00000000.00	23	00000000.00	30	00000000.00
3	00000000.00	10	00000000.00	17	00000000.00	24	00000000.00	31	00000000.00
4	00000000.00	11	00000000.00	18	00000000.00	25	00000000.00		
5	00000000.00	12	00000000.00	19	00000000.00	26	00000000.00		
6	00000000.00	13	00000000.00	20	00000000.00	27	00000000.00		
7	00000000.00	14	00000000.00	21	00000000.00	28	00000000.00		

II. Total tax required to be withheld for second month of quarter **II.** 00000000.00

III. Tax Withheld - Third Month of Quarter

1	00000000.00	8	00000000.00	15	00000000.00	22	00000000.00	29	00000000.00
2	00000000.00	9	00000000.00	16	00000000.00	23	00000000.00	30	00000000.00
3	00000000.00	10	00000000.00	17	00000000.00	24	00000000.00	31	00000000.00
4	00000000.00	11	00000000.00	18	00000000.00	25	00000000.00		
5	00000000.00	12	00000000.00	19	00000000.00	26	00000000.00		
6	00000000.00	13	00000000.00	20	00000000.00	27	00000000.00		
7	00000000.00	14	00000000.00	21	00000000.00	28	00000000.00		

III. Total tax required to be withheld for third month of quarter **III.** 00000000.00

IV. Total for Quarter (Add Lines I, II, and III; enter here and on Line 1 on Page 1) **IV.** 00000000.00