

D-403 (SD)
9-25-04

2004 Partnership Income Tax Return
North Carolina Department of Revenue

For calendar year 2004 or For other year starting MM DD YY and ending MM DD YY

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

Federal Employer
ID Number: 176453458
If LLC, Secretary of State
ID Number: 6253238

Filing Information:

Initial Return Final Return Entity is LLC Entity has Escheatable Property
 Amended Return Entity is Partnership Entity has Nonresident Owners

For Computer Use Only

JOHN 5121 27605 IR Y AR Y FR N PA N LLC N NO N
JOHNSON AND JOHNSON PHARMACEUTICALS INC 176453458 6253238 EP N
5121 VALDEZ COURT RALEIGH NC 27605
01 -0000000000 09 -0000000000 15 0000000000
02 0000000000 10 0000000000 17 0000000000
04 0000000000 11 0000000000 18 0000000000
06 0000000000 12 0000000000 TN 9197118888
08 -0000000000 13 0000000000 PN 9197118888



Part 1. Computation of Income Tax Due or Refund

1. Enter the total income or loss from Form 1065	-0000000000	10. Total tax due for nonresident partners	0000000000
2. Guaranteed payments to partners	0000000000	11. Tax paid with extension	0000000000
3. Line 1 minus Line 2	-0000000000	12. Other prepayments of tax	0000000000
4. Additions to federal taxable income	0000000000	13. Tax paid by other partnerships or by S Corporations and tax withheld from personal services income	0000000000
5. Add Lines 3 and 4	-0000000000	14. Add Lines 11 through 13	0000000000
6. Deductions from federal taxable income	0000000000	15. Net tax due for nonresident partners	0000000000
7. Line 5 minus Line 6	-0000000000	16. Penalties and interest	0000000000
8. Net distributive partnership income to be apportioned to N.C.	-0000000000	17. Total Due for nonresident partners	0000000000
9. Net distributive partnership income solely from business activities in N.C.	-0000000000	18. Amount to be Refunded	0000000000

Sign Return Below **Refund Due** 0000000000 **Payment Due** 0000000000

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

If prepared by a person other than the managing partner, this certification is based on all information of which the preparer has any knowledge.

Signature of Managing Partner _____ Date _____

Signature of Preparer Other than Managing Partner _____ Date _____

()

Telephone Number (Area code required)

Address

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion:
JOHNSON PHARMACY

()

Preparer's Telephone Number (Area code required)

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0645

D-403 2004 Page 2 (SD)

Last Name (First 10 Characters) **MCALLISTER** Federal Employer ID Number **176453458**

Part 2. Apportionment % for Partnerships with at least One Nonresident Partner Operating in N.C. and in at least One Other State

	1. Within North Carolina		2. Total Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land	000000000	000000000	000000000	000000000
2. Buildings	000000000	000000000	000000000	000000000
3. Inventories	000000000	000000000	000000000	000000000
4. Other property	000000000	000000000	000000000	000000000
5. Total	000000000	000000000	000000000	000000000
6. Average value of property		000000000		000000000
7. Rented Property		000000000		000000000
8. Property Factor		000000000		000.0000%
9. Gross Payroll		000000000		000000000
10. Compensation of general executive officers		000000000		000000000
11. Payroll Factor		000000000		000.0000%
12. Sales Factor		000000000		000.0000%
13. Sales Factor				000.0000%
14. Total of Factors				000.0000%
15. N.C. Apportionment Percentage				000.0000%

Part 3. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items

B. Computation of North Carolina Taxable Income for Nonresident Partners

C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax

A.	Partner 1	Partner 2	Partner 3
1. Identifying Number	000000000	000000000	000000000
2. Name	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Address	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Partner's share percentage	00.0000%	00.0000%	00.0000%
5. Type of partner	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Additions to income (loss)	000000000	000000000	000000000
7. Deductions from income (loss)	000000000	000000000	000000000
8. Share of tax credits	000000000	000000000	000000000
B. 9. Guaranteed payments to nonresident partners	000000000	000000000	000000000
10. Percentage from Line 4 times amount on Part 1, Line 8	000000000	000000000	000000000
11. Add Lines 9 and 10	000000000	000000000	000000000
12. Apportionment percentage from Part 2, Line 15	000.0000%	000.0000%	000.0000%
13. Multiply Line 11 by Line 12	000000000	000000000	000000000
14. Guaranteed payments to nonresident partners	000000000	000000000	000000000
15. Percentage from Line 4 times amount on Part 1, Line 9	000000000	000000000	000000000
16. Separately stated items of income of nonresident partners	000000000	000000000	000000000
17. N.C. taxable income	000000000	000000000	000000000
C. 18. Tax Due	000000000	000000000	000000000
19. Tax credits allocated to nonresident partners	000000000	000000000	000000000
20. Net Tax Due	000000000	000000000	000000000

Part 4. North Carolina Adjustments to Federal Taxable Income

	Additions	Deductions
1. Additions for interest income from obligations of states other than N.C.	000000000	
2. State, local, or foreign income taxes deducted on or reported as income on federal return	000000000	000000000
3. Adjustment for additional first-year depreciation	000000000	
4. Deductions for interest income from obligations of the U.S. or U.S.' possessions		000000000
5. Other additions or deductions from federal taxable income	000000000	000000000
6. Total additions or deductions from federal taxable income	000000000	000000000

Tax Rate Schedule: If the amount of each nonresident partner's share of N.C. taxable income (from Part 3, Line 17) is more than

\$ 0	\$ 12,750	6% of the taxable income
\$ 12,750	\$ 60,000	\$ 765 + 7% of the amount over \$ 12,750
\$ 60,000	\$ 120,000	\$ 4,072.50 + 7.75% of the amount over \$ 60,000
\$ 120,000	-----	\$ 8,722.50 + 8.25% of amount over \$ 120,000