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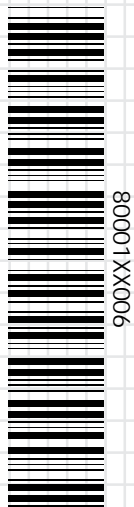
E-500 (SD)
 9-25-04

Sales and Use Tax Return
 North Carolina Department of Revenue

Account ID 176453458 JOHNSON AN Period Ending MM DD YY
 Filing Frequency QUARTERLY File By MM DD YY
 JOHNSON AND JOHNSON PHARMACEUTICALS INC
 5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXXXX20MAX NC 27605

1. North Carolina Gross Receipts (Do not include tax collected) 1. 000000000.00
 2. Sales for Resale (Do not include on Line 3 below) 2. 000000000.00
 3. Receipts Exempt From State Tax 3. 000000000.00
 (Include sales exempt from State tax such as food)

Tax Type	Purchases for Use	Receipts	Rate	Tax
4. 4.5% State Rate	00000000.00	000000000.00	x 4.5%	00000000.00
5. 3% State Rate	00000000.00	000000000.00	x 3%	00000000.00
6. 2.5% State Rate Modular Homes	00000000.00	000000000.00	x 2.5%	00000000.00
7. 2% State Rate	00000000.00	000000000.00	x 2%	00000000.00
8. 1% State Rate	00000000.00	000000000.00	x 1%	00000000.00
9. 2% Food Rate	00000000.00	000000000.00	x 2%	00000000.00
10. 2.5% County Rate	00000000.00	000000000.00	x 2.5%	00000000.00
11. 1% Additional County Rate	00000000.00	000000000.00	x 1%	00000000.00
12. 0.5% Additional County Rate	00000000.00	000000000.00	x 0.5%	00000000.00
13. Total State Tax (Add Lines 4 through 8)			13.	00000000.00
14. Total County Tax (Add Lines 9 through 12)			14.	00000000.00
15. Excess Collections			15.	00000000.00
16. Total Tax (Add Lines 13 through 15)			16.	00000000.00
17. Penalty - State and County			17.	00000000.00
18. Interest - State and County			18.	00000000.00
19. Less Prepayments			19.	00000000.00
20. Less any Credit (Attach explanation)			20.	00000000.00
21. Total Due (Add Lines 16 through 18 then subtract Lines 19 and 20)			21.	00000000.00



I certify that, to the best of my knowledge, this return is accurate and complete. Mail To: PO Box 25000, Raleigh, NC 27640-0700

Signature _____ Date _____
 _____ () _____
 Title _____ Phone _____