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PART I COMPENSATION AND WITHHOLDING DATA		3885	
SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
HEADQUARTERS	FIELD ALLOTMENT	COVER FACILITY	
4. COMPENSATION PAYMENTS BY COVER FACILITY			
TOTAL AMOUNT (Per annum) \$ 9,600	AMOUNT SUBJECT TO TAX \$ 9,600	EXPLAIN ANY DIFFERENCES UNDER "RE-MARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	PAYMENTS TO BEGIN (Date) 15 July 1961
5. PAY PERIODS USED BY COVER FACILITY			
WEEKLY	BI-WEEKLY	SEMI-MONTHLY	MONTHLY
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
NONE	THIS COUNTRY	FOREIGN	YES NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX		YES	NAME OF COUNTRY
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)		FORM W-2	FORM 1099
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
COVERT (If covert only, omit rest of this item.)			
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
HAS BEEN FILED	HAS NOT BEEN FILED	NOT APPLICABLE	
PART II DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY.		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR W-4 (Or equivalent) ATTACHED	
13. MARITAL STATUS (Complete as appropriate)			
SINGLE	MARRIED	WIDOWED	DIVORCED
DATE OF MARRIAGE 10 June 1928	DATE OF DEATH	DATE OF DECREE	LEGALLY SEPARATED
CITIZENSHIP OF SPOUSE U. S.		RESIDENCE OF SPOUSE (Country) U. S.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)			
RELATIONSHIP (No names)	BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE
SON		U. S.	U. S.
SON		U. S.	U. S.
daughter		U. S.	U. S.
SON		U. S.	U. S.
15. REMARKS			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.		INDIVIDUAL	OFFICIAL
DATE		PART I CERTIFIED CORRECT	
SIGNATURE AND TITLE		SIGNATURE OF OFFICIAL	
DATE		PART II CERTIFIED CORRECT (Explain when not signed)	
SIGNATURE AND TITLE		SIGNATURE OF INDIVIDUAL (Pseudonym)	
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

FORM 313a OBSOLETE PREVIOUS EDITIONS. SECRET (30)

SECRET

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY		3885
19. SOCIAL SECURITY NO.	IF SOCIAL SECURITY NO. IS NOT AVAILABLE, MAKE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.	20. CITIZENSHIP U. S.
21. ADDRESS OF RECORD (In U.S.)	22. ADDRESS (Foreign) NA	
DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE		

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