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PART I COMPENSATION AND WITHHOLDING DATA		CORRECTION	
SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)		3885	
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			
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
<input type="checkbox"/> NONE	<input type="checkbox"/> THIS COUNTRY	<input type="checkbox"/> FOREIGN	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX		<input checked="" type="checkbox"/> YES	NAME OF COUNTRY NA
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input type="checkbox"/> WILL NOT REPORT	<input type="checkbox"/> FORM W-2	<input checked="" type="checkbox"/> FORM 1089	
COVER FACILITY (Cryptonym) JAY 1516-76			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/> COVERT (If covert only, omit rest of this item.)			
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER J. Williams			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
<input type="checkbox"/> HAS BEEN FILED	<input type="checkbox"/> HAS NOT BEEN FILED	<input checked="" type="checkbox"/> NOT APPLICABLE	
PART II DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. 6		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR W-4 (Or equivalent) ATTACHED	
13. MARITAL STATUS (Complete as appropriate)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
	DATE OF DEATH	DATE OF DECREE	<input type="checkbox"/> LEGALLY SEPARATED
			<input type="checkbox"/> ANNULLED
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.
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.		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
		PART I CERTIFIED CORRECT	
DATE	SIGNATURE AND TITLE	DATE	SIGNATURE OF OFFICIAL
		22 Sept 61	
		PART II CERTIFIED CORRECT (Explain when not signed)	
DATE	SIGNATURE AND TITLE	DATE	SIGNATURE OF INDIVIDUAL (Pseudonym)
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

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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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