

SERVICE FILE Emilio Américo Rodriguez } 04		PRINT 885
PART I COMPENSATION AND WITHHOLDING DATA		
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 "REMARKS" 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
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"/> YES
7. COMPENSATION SUBJECT TO A FOREIGN TAX		NAME OF COUNTRY
<input type="checkbox"/> YES		<input type="checkbox"/> NO
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)		
<input type="checkbox"/> WILL NOT REPORT		<input checked="" type="checkbox"/> FORM 1089
COVER FACILITY (Cryptonym)		
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)		
<input type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input checked="" type="checkbox"/> FORM 1089
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER Roberts Electronic & Engineering Service P. O. Box 552, General P. O., New York City 24		
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)		
<input type="checkbox"/> HAS BEEN FILED		<input checked="" type="checkbox"/> 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
6		0
13. MARITAL STATUS (Complete as appropriate)		
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> LEGALLY SEPARATED	<input type="checkbox"/> ANNULLED
DATE OF MARRIAGE 10 June 1928	DATE OF DEATH	DATE OF DECREE
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)	YEAR OF BIRTH	CITIZENSHIP
SON	1951	U. S.
SON	1952	U. S.
daughter	1954	U. S.
SON	1957	U. S.
15. REMARKS		
16. APPROVAL OF CENTRAL COVER DIVISION		
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.		
DATE		SIGNATURE OF OFFICIAL
22 Sept 61		[Signature]
17. FORM PREPARED BY		
<input type="checkbox"/> INDIVIDUAL		<input checked="" type="checkbox"/> OFFICIAL
PART II CERTIFIED CORRECT (Explain when not signed)		
DATE		SIGNATURE OF INDIVIDUAL (Pseudonym)
[Blank]		[Blank]
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		885
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.) 9361 SW 178th St. Ferriss, Florida		22. ADDRESS (Foreign) NA
DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE: COPY - TO CENTRAL COVER: COPY - TO FILE		

FORM 313a OBSOLETE PREVIOUS EDITIONS. SECRET (30)

9/12