

DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCE METHOD EXEMPTION 3B26
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2005

SECRET

19 Jan 62

COVERT AGREEMENT SUPPLEMENT - INCOME AND FEDERAL TAX DATA.		TYPE OR PRINT	ORIGINAL
1. PSEUDONYM Victor MI HALFOND (A) - Alise reg, in RED/CRO			2. ACTION 3714
PART I COMPENSATION AND WITHHOLDING DATA			
3. \$300 per quarter OF COMPENSATION PAYMENTS (Check as appropriate):			
HEADQUARTERS	FIELD ALLOTMENT	COVER FACILITY	
4. COMPENSATION PAYMENTS BY COVER FACILITY			
TOTAL AMOUNT (Per annum)	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "RE-MARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	PAYMENTS TO BEGIN (Date)
NA			
5. PAY PERIODS USED BY COVER FACILITY			
WEEKLY	BI-WEEKLY	SEMI-MONTHLY	MONTHLY
NA			
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
NA			NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX		YES NO	NAME OF COUNTRY
NA		NO	
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
WILL NOT REPORT		FORM W-2	FORM 1099
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
COVERT (If covert only, omit rest of this item) Unnecessary. Subject will be able to attribute added income to free lance writing. Subject will submit copy of covert tax return to Agency for review.			
10. NAME AND ADDRESS OF AGENCY TO WHICH TAX RETURNS WILL BE SUBMITTED			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
HAS BEEN FILED		HAS NOT BEEN FILED	
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	DATE OF DEATH	DATE OF DECREE	LEGALLY SEPARATED
			ANNULLED
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)	
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	COUNTRY OF RESIDENCE
Memo of Oral Commitments (SR/2-B-62-40) in Subject's cryptonym dated 19 January 1962 has been forwarded to C/Fin Div. Since Subject's covert income is \$4,800, no Social Security tax will be withheld by the Agency.			
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	
		PART I CERTIFIED CORRECT	
DATE	SIGNATURE AND TITLE	DATE	SIGNATURE OF OFFICIAL
19 Jan 62			SR/2/B/Latvia
		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			