

DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCES METHODSEXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2005

SECRET

COVERT AGREEMENT SUPPLEMENT		INCOME AND FEDERAL TAX DATA		TYPE OR PRINT	ORIGINAL
1. PSEUDONYM Victor NMI HALPOND(A) - Alias reg. in RID/GRO				2. Nº 2691	
PART I COMPENSATION AND WITHHOLDING DATA					
3. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)					
HEADQUARTERS \$200.- per quarter		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)	
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					
NAME OF COUNTRY					
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.)		FORM W-2		FORM 1099	
<p>Unnecessary. SUBJECT will be able to attribute added income to free lance writing. SUBJECT will submit copy of overt tax return to Agency for review.</p>					
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	DATE OF DEATH	DATE OF DECREE	LEGALLY SEPARATED		
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		
15. REMARKS Memorandum of Oral Commitment, (SR/2-B-61-229) in SUBJECT's cryptonym, dated 17 April 1961 has been forwarded to Chief, Finance Division. Since SUBJECT's in overt income is \$4,800.-, no Social Security tax to be withheld by the Agency.					
16. APPROVAL OF CENTRAL COVER DIVISION			17. FORM PREPARED BY		
<p>The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.</p>			<p>INDIVIDUAL OFFICIAL</p>		
DATE			PART I CERTIFIED CORRECT		
SIGNATURE AND TITLE			SIGNATURE OF OFFICIAL		
			<p>18 Jul 61 SR/2/Baltis/Lat.</p>		
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					