

DECLASSIFIED AND RELEASED BY  
 CENTRAL INTELLIGENCE AGENCY  
 SOURCES METHODSEXEMPTION 3828  
 NAZI WAR CRIMES DISCLOSURE ACT  
 DATE 2005

SECRET

21 Jan 1963

COVERT AGREEMENT SUPPL NT - INCOME AND FEDERAL TAX DATA		TYPE OR PRINT	<input checked="" type="checkbox"/> ORIGINAL
1. PSEUDONYM Victor NMI HALFOND (A) - Alias reg. in RID/CRO		2.	3711
PART I COMPENSATION AND WITHHOLDING DATA			
2. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/> HEADQUARTERS	NA	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	NA	BI-WEEKLY	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	
NONE	THIS COUNTRY \$	FOREIGN \$	YES NO
7. NA	COMPENSATION SUBJECT TO A FOREIGN TAX	YES NO	NAME OF COUNTRY
8. NA	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) <del>Not necessary. Subject will be able to furnish added information to free-lance writing. Subject will submit copy of overt tax return to Agency for review.</del>			
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 None of Oral Commitments (SR/10-63-0811) in Subject's cryptonym dated 21 Jan 63 has been forwarded to C/Fin. Div. Since Subject's overt 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 INDIVIDUAL (Pseudonym)
21 Jan 63			SR/10/Baltic
		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			