

MAXIMUM RATE **EXEMPT** **DEFERRED** **NON-DEFERRED** **PRINT** **CORRECTION**

Emilio Americo Rodriguez 04 **3885**

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 "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

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

7. COMPENSATION SUBJECT TO A FOREIGN TAX

YES NO 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) **144 1116-76**

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

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)

HAS BEEN FILED HAS NOT BEEN FILED 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)

SINGLE MARRIED WIDOWED DIVORCED

DATE OF MARRIAGE **10 June 1928** DATE OF DEATH DATE OF DECREE LEGALLY SEPARATED

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	COUNTRY OF RESIDENCE
SON	1952	U. S.	U. S.
SON	1953	U. S.	U. S.
daughter	1954	U. S.	U. S.
SON	1957	U. S.	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.

17. FORM PREPARED BY INDIVIDUAL OFFICIAL

PART I CERTIFIED CORRECT

DATE **22 Sept 61** SIGNATURE OF OFFICIAL

PART II CERTIFIED CORRECT (Explain when not signed)

DATE SIGNATURE OF INDIVIDUAL (Pseudonym)

DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE: COPY - TO CENTRAL COVER: COPY - TO FILE

FORM 313a OBSOLETE PREVIOUS EDITIONS. SECRET (30)

SECRET

PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY

18. 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.

19. SOCIAL SECURITY NO.

20. CITIZENSHIP **U. S.**

21. ADDRESS OF RECORD (In U.S.) **9361 SW 178th St. Ferriss, Florida**

22. ADDRESS (Foreign) **NA**

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