



HUMAN SERVICES  
DEPARTMENT

Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary-Designate

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## General Information Memorandum

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**ISD-GI 19-02**

**TO:** ISD Employees  
**FROM:** Judy Parks, Deputy Director *SPT Sr JP*  
**RE:** 2018 Annual Recipient Benefit Statements  
**DATE:** January 7, 2019

This GI is to inform staff that the 2018 Annual Recipient Benefit Statements have been mailed to all cash assistance recipients. The cash assistance recipients will receive the “Annual Recipient Benefit Statement,” ISD 151 (sample attached, page 2). Cash assistance recipients must use this statement with filing their annual income tax returns.

If a cash recipient has not received an ISD 151, or it has been lost or destroyed, ISD staff may reprint the ISD 151 (sample attached, page 3), in correspondence history in ASPEN.

Non-deliverable statements returned by the U.S. Postal Services must be forwarded to the Central ASPEN Scanning Area (CASA) for handling. CASA will scan the non-deliverable statement in the individual’s Electronic Case File (ECF).

If you have any questions regarding this GI, please contact Patricia Lucero at 505-827-6780 or email at [PatriciaR.Lucero2@state.nm.us](mailto:PatriciaR.Lucero2@state.nm.us)



**INCOME SUPPORT DIVISION**  
**CENTRAL ASPEN SCANNING AREA**  
 P.O. BOX 830  
 BERNALILLO NM 87004  
**PHONE NUMBER: (800) 283-4465**  
**FAX NUMBER: (855) 804-8960**



**Case Number:**  
**Date:** January 10, 2019

NEW MEXICO HUMAN SERVICES DEPARTMENT  
 PO BOX 830  
 BERNALILLO NM 87004-9906  




**ANNUAL RECIPIENT BENEFIT STATEMENT**

**TAXPAYER COPY**

This is a statement of assistance paid by the New Mexico Human Services Department to you and any other members of your family during the calendar year 2018 under your Tax ID number.

DIRECT FINANCIAL ASSISTANCE PAYMENTS

\$ 207.00

This information is to be reported on line 07 of the rebate schedule of the New Mexico personal income tax form. Attach one copy of this statement to the completed rebate schedule and file with your state income tax form PIT-RC.

You are urged to file this statement as you may be entitled to a rebate from the state of New Mexico. If you need help to complete your state income tax form, call the nearest district office of the New Mexico Taxation and Revenue Department or your local Volunteer Income Tax Assistance (VITA) person.



**ANNUAL RECIPIENT BENEFIT STATEMENT**

**STATE INCOME TAX COPY**

This is a statement of assistance paid by the New Mexico Human Services Department to you and any other members of your family during the calendar year 2018 under your Tax ID number.

DIRECT FINANCIAL ASSISTANCE PAYMENTS

\$ 207.00

This information is to be reported on line 07 of the rebate schedule of the New Mexico personal income tax form. Attach one copy of this statement to the completed rebate schedule and file with your state income tax form PIT-RC.

You are urged to file this statement as you may be entitled to a rebate from the state of New Mexico. If you need help to complete your state income tax form, call the nearest district office of the New Mexico Taxation and Revenue Department or your local Volunteer Income Tax Assistance (VITA) person.



The following are the steps to be taken to reprint the ISD 151 Annual Recipient Benefit Statement.

Go to Left Navigation and select Correspondence and then View History



Enter Case Number

Print Begin Date: 1/1/2019

Print End Date: 2/1/2019

Document Title: ISD 151 Annual Recipient Benefit Statement

Then Click on Search

**Search Criteria**

Case:  Application:  Vendor:  FBN / SSN / Facility:  Individual ID:

\* Case or Application or Vendor or FBN or SSN # or Facility # or Individual ID

Print Begin Date:

01 / 01 / 2019

Print End Date:

02 / 01 / 2019

Print Mode:

[Dropdown]

Document Title:

ISD 151 - Annual Recipient Benefit Statement

Display Suppressed Correspondence:

Reset Search

The Search results will be displayed. Click on the Radio Button and click on next.

**Search Criteria**

Case:  Application:  Vendor:  FBN / SSN / Facility:  Individual ID:

\* Case or Application or Vendor or FBN or SSN # or Facility # or Individual ID

Print Begin Date:

01 / 01 / 2019

Print End Date:

02 / 01 / 2019

Print Mode:

[Dropdown]

Document Title:

ISD 151 - Annual Recipient Benefit Statement

Display Suppressed Correspondence:

Reset Search

**Search Results**

Select Issued To Document Description Print Date Print Type Print Mode Date Received

<input checked="" type="radio"/>	Client	ISD 151 - Annual Recipient Benefit Statement	01/10/2019	Original	Central Print
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Navigation icons

Record Set 1 of 1

Next

Then click on Local Print

[Previous](#) [Preview](#) [Central Print](#) [Local Print](#) [Reset](#)

**History Correspondence Detail: ISD 151 - Annual Recipient Benefit Statement**

ID Type:	Case	Date Requested:	01/10/2019
Case or Application or Vendor or Individual #:		User ID:	<a href="#">BICSTMTALY</a>
Print Mode:	Central Print	Print Type:	Original
Recipients: [Client]	<input checked="" type="radio"/>		

[Previous](#) [Preview](#) [Central Print](#) [Local Print](#) [Reset](#)

