



# New Mexico Human Services Department

Susana Martinez, Governor  
Sidonie Squier, Secretary

Income Support Division  
Director's Office  
PO Box 2348  
Santa Fe, NM 87504-2348  
Phone: (505) 827-7250; Fax: (505) 827-7203

**ISSUED ELECTRONICALLY  
INTER DEPARTMENTAL MEMORANDUM  
ISD GI 12-04  
DATE: January 27, 2012**

**TO: All ISD Employees**  
**FROM: Ted Roth, Acting Director**  
**Income Support Division**  
*Agnewson  
on Ted Roth*  
**RE: Annual Recipient Benefit Statements for 2011**

This GI serves to inform staff that the 2011 Annual Recipient Benefit Statements to financial assistance recipients have been mailed. The benefit statements are formatted on form ISD 151, Annual Recipient Benefit Statement (sample attached, page 2). Cash recipients must use this statement when filing annual income tax returns.

If a cash recipient has not received an ISD 151, or it has been lost or mutilated, ISD staff may initiate a Manual Benefit Statement (sample attached, page 3) using the "P" (Payment History) screen on ISD2. The Manual Benefit Statement must be signed and dated by an ISD case worker, Supervisor, or County Director and have the county office stamp on it.

Non-deliverable statements returned by the U.S. Postal Service shall be forwarded to the Change Processing Unit for handling.

Report HIF6510, dated 01/13/2012, entitled "Annual Client Benefit Report" is now available for viewing by County Directors and Supervisors on ISD2 Dispatch.

If you have questions regarding this GI, please contact the ISD2 HelpDesk at 505-827-7289 or by email: [brandi.sandoval@state.nm.us](mailto:brandi.sandoval@state.nm.us).

**Attachments:** Annual Recipient Benefit Statement  
Manual Benefit Statement



SANTA FE COUNTY ISD OFFICE  
 PO BOX 2348  
 SANTA FE NM 87504

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SANTA FE NM 87501-1593

**ANNUAL RECIPIENT BENEFIT STATEMENT**



**INCOME SUPPORT  
 DIVISION**

**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 2011 UNDER ISD CASE NUMBER

SANTA FE NM 87501-1593

DIRECT FINANCIAL ASSISTANCE PAYMENTS

\$3,941.00

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.

Form ISD-151, Form Revised 9/94

**ANNUAL RECIPIENT BENEFIT STATEMENT**



**INCOME SUPPORT  
 DIVISION**

**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 2011 UNDER ISD CASE NUMBER :

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Form ISD-151, Form Revised 9/94

# 2011 MANUAL BENEFIT STATEMENT

\*\*\* BENEFIT HISTORY \*\*\* BHIS 01

CASE-ID CATEGORY HEAD-OF-HOUSEHOLD  
XXXXXXXXXX 002 CLIENT NAME

SEL	CNTY	TYPE	MONTH	NUMBER	AMT	DATE	STATUS	RSN	DATE	REPL	NUMBER
2626	MO	WRNTMA	01/12	430654	00304	01/01/12	EBT ISSUE		12/30/11		
2626	MO	WRNTMA	12/11	407008	00304	12/01/11	EBT ISSUE		11/30/11		
2626	DLY	WRNTMA	11/11	395754	00293	11/02/11	EBT ISSUE		11/02/11		
2626	MO	WRNTMA	10/11	359556	00304	10/01/11	EBT ISSUE		09/30/11		
2626	MO	WRNTMA	09/11	335566	00304	09/01/11	EBT ISSUE		08/31/11		
2626	MO	WRNTMA	08/11	311118	00304	08/01/11	EBT ISSUE		07/29/11		
2626	MO	WRNTMA	07/11	287570	00304	07/01/11	EBT ISSUE		07/30/11		
2626	MO	WRNTMA	06/11	263938	00304	06/01/11	EBT ISSUE		05/31/11		
2525	DLY	WRNTMA	05/11	253744	00304	05/10/11	EBT ISSUE		05/10/11		
2626	MO	WRNTMA	04/11	216794	00380	04/01/11	EBT ISSUE		03/31/11		
2626	MO	WRNTMA	03/11	192580	00380	03/01/11	EBT ISSUE		02/28/11		
2626	MO	WRNTMA	02/11	168172	00380	02/01/11	EBT ISSUE		01/31/11		

ENTER KEY = PAGE FORWARD "PF5" = PAGE BACKWARD "PF3" = CANCEL MORE

\*\*\* BENEFIT HISTORY \*\*\* BHIS 02

CASE-ID CATEGORY HEAD-OF-HOUSEHOLD  
XXXXXXXXXX 002 CLIENT NAME

EL	CNTY	TYPE	MONTH	NUMBER	AMT	DATE	STATUS	RSN	DATE	REPL	NUMBER
2626	MO	WRNTMA	01/11	42157	00480	01/01/11	EBT ISSUE		12/30/10		
2626	MO	WRNTMA	12/10	15312	00447	12/01/10	EBT ISSUE		11/30/10		
2626	MO	WRNTMA	11/10	08865	00447	11/01/10	EBT ISSUE		10/29/10		
2626	MO	WRNTMA	10/10	067072	00447	10/01/10	EBT ISSUE		09/30/10		
2626	MO	WRNTMA	09/10	075799	00447	09/01/10	EBT ISSUE		08/31/10		
2727	DLY	WRNTMA	08/10	023303	00090	08/02/10	EBT ISSUE		08/02/10		
2727	MO	WRNTMA	08/10	011640	00357	08/01/10	EBT ISSUE		07/30/10		
2727	MO	WRNTMA	07/10	985961	00357	07/01/10	EBT ISSUE		06/30/10		
2727	MO	WRNTMA	06/10	960919	00357	06/01/10	EBT ISSUE		05/28/10		
2727	MO	WRNTMA	05/10	936705	00357	05/01/10	EBT ISSUE		04/30/10		
2727	MO	WRNTMA	04/10	911653	00357	04/01/10	EBT ISSUE		03/31/10		
2727	MO	WRNTMA	03/10	886683	00357	03/01/10	EBT ISSUE		02/26/10		

ENTER KEY = PAGE FORWARD "PF5" = PAGE BACKWARD "PF3" = CANCEL MORE

COUNTY OFFICE STAMP:

HSD-INCOME SUPPORT DIVISION  
ISD2 HELP DESK  
POLLON PLAZA - 2009 S. PACHECO  
P.O. BOX 2348  
SANTA FE, NM 87504-2348

SIGNATURE: *Signature*

DATE: *Date*

INSTRUCTIONS:

- ALL BENEFITS RECEIVED IN 2011 NEED TO APPEAR ON THE MANUAL STATEMENT GIVEN TO THE CLIENT. USE THE AUTH/ISSN DATE COLUMN.
- MANUAL STATEMENT HAS TO INCLUDE COUNTY OFFICE STAMP.
- MANUAL STATEMENT NEEDS TO HAVE A SIGNATURE FROM A FAA, SUPERVISOR OR COUNTY DIRECTOR.
- MANUAL STATEMENT NEEDS TO HAVE A DATE.