
General Information Memorandum

ISD-GI 15-73

TO: ISD Employees
FROM: *MM* Marilyn Martinez, Director, Income Support Division
RE: 2015 Annual Recipient Benefit Statements
DATE: January 8, 2016

This GI is to inform staff that the 2015 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 1). 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 mutilated, 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 shall be forwarded to the Central ASPEN Scanning Unit (CASU) for handling.

If you have any questions regarding this GI, please contact Suzanne Duran-Vigil at 505-827-7289 or SuzanneP.Duran-Vigi@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



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Case Number
 Date: January 2016

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


ANTHONY M 188021



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 2015 under your Tax ID number.

DIRECT FINANCIAL ASSISTANCE PAYMENTS

\$ 240.72

This information is to be reported on line 6 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.

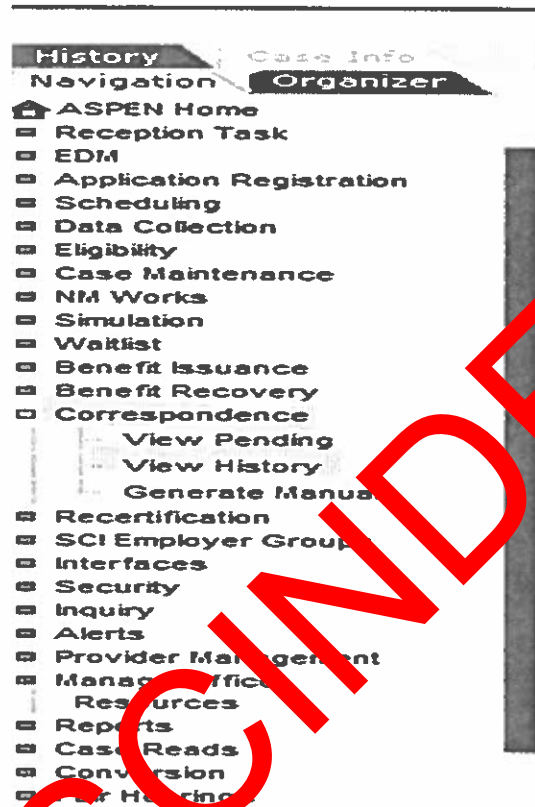
You are urged to file this statement as you may be entitled to a rebate from the state of New Mexico. If you need help to complete your state income tax form, call the nearest district office of the New Mexico Taxation and Revenue Department or your local Volunteer Income Tax Assistance (VITA) person.



ANNUAL RECIPIENT BENEFIT STATEMENT

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: 1/1/2016
Print End Date: 2/1/2016
Document Title: ISD 151 Annual Recipient Benefit Statement
Then Click on Search

View History Correspondence History Correspondence Detail

View History Correspondence ? * @

Next

Search Criteria

Case: Application: Vendor: FEM / SSH / Facility: Individual ID:

* Case or Application or Vendor or FEM or SSH # or Facility # or Individual ID:

Print Begin Date: 01 / 01 / 2016 Print End Date: 02 / 01 / 2016

Print Mode: [v]

Document Title: ISD 151 - Annual Recipient Benefit Statement [v]

Display Suppressed Correspondence

Reset Search

Search Results

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

Next

RESCINDED

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

[View History Correspondence](#) [History Correspondence Detail](#)

[View History Correspondence](#) ? * [U]

[Next](#)

Search Criteria

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

* Case or Application or Vendor or FEN or SSN # or Facility # or Individual ID: _____

Print Begin Date: [01 / 01 / 2015] Print End Date: [02 / 01 / 2015]

Print Mode: []

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 type="radio"/>	Client	ISD 151 - Annual Recipient Benefit Statement		Original	Central Print	

Record Set 1 of 1
[Next](#)

Then click on Local Print

[History Correspondence Detail](#) ? * [U]

Case Name: _____ Case #: _____ Case Action: _____ Case Status: Approved

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

History Correspondence Detail: ISD 151 - Annual Recipient Benefit Statement

ID Type: _____ Date Requested: _____

Case or Application: _____ User ID: _____

Vendor or Individual #: _____ Print Mode: Central Print Print Type: Original

Recipients: [Client] Steven Craig Wood

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