## Form OR-24

Page 1 of 1, 150-101-734 (Rev. 09-01-21, ver. 01)

Oregon Department of Revenue



Office use only

Date received

## **Oregon Like-Kind Exchanges/Involuntary Conversions**

			Submit origi	inal form—do not submit photoco	γασ		
Taxpayer first name	Initial	nitial Taxpayer last name		Social Security number (SSN)			
						For tax year	
Entity name (if not an individual)				Federal employer identif	ication number (FEIN)		
				_			
Taxpayer street address							
City		State	ZIP code				
Provide the follow	ing info	rmation on the	like-kind ex	change:			
1. Address (if applica	able) and	description of th	ne Oregon p	roperty given up.			
Address				City		zIP code	
Description							
2. Address (if applic	able) an	d description of	the property	received.			
Address				City	State	ZIP code	
Description							
<ul><li>3. Month, day, and year you actually transferred your Oregor</li><li>4. Month, day, and year you actually received the property fr</li></ul>					=	/ /	
4. Month, day, and	year you	actually receive	a the prope	rty from the other party		4.	
5 Poolized gain (c	r loss) o	n Oragan propar	rty from line	10 or line 22 of fodoral Form	9924 5		.00
<ul><li>5. Realized gain (or loss) on Oregon property from line 19 or line 32 of federal Form 8824</li><li>6. Recognized gain on Oregon property from line 23 or line 36 of federal Form 8824</li><li>6.</li></ul>							.00
7. <b>Deferred gain</b> (or loss) on Oregon property from line 24 or line 37 of federal Form 8824							.00
7. Deletted galli (C	) 1033) U	in Cregori prope	ty IIOIII IIIIC	27 of life of of lederal Form	OOLT /.		
Remember: The de	eferred a	ain (or loss) mus	t be reporte	d to Oregon upon the disposi	ition of the replacemen	nt property.	
		(5. 1555) ///65			3	0  0 0 ) .	

<sup>-</sup>Include this form with your Oregon return each year until the disposition of the like-kind property, and the gain or loss is reported.-