Form OR-24

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Oregon Department of Revenue



Office use only

Date received

Oregon Like-Kind Exchanges/Involuntary Conversions

		Submit origi	inal form—do not submit photocopy		
Taxpayer first name	Initial	Taxpayer last name	Social Security number (SSN)		For tax year
Entity name (if not an individual)			Federal employer identification nu	mber (FEIN)	_
Taxpayer street address					
City		State ZIP code			
		mation on the like-kind ex description of the Oregon p	-		
Address			City	State	ZIP code
Description			,		
2. Address (if applica	ble) and	d description of the property	received.		
Address			City	State	ZIP code
Description				I	
	-	-	regon property to the other party rty from the other party		/ /
6. Recognized gain	on Ore	gon property from federal F	eral Form 8824, line 19 or line 32 Form 8824, line 23 or line 36 eral Form 8824, line 24 or line 37	6.	.00
Remember: The def	erred ga	ain (or loss) must be reporte	d to Oregon upon the disposition of t	:he replacemen	nt property.

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