

2024 Schedule OR-AF
Schedule of Affiliates for Corporations

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Corporation legal name (as shown on your Oregon return)

Federal employer identification number (FEIN)

 -

1a. FEIN

 -

1b. Business name

1c. Address

1d. City

1e. State

1f. ZIP code

 -

1g. If new affiliate during this year, enter date affiliate became part of the unitary group. Date (MM/DD/YYYY)

 / /

1h. If affiliate ceased to be part of the unitary group during this year, indicate date affiliate left group. Date (MM/DD/YYYY)

 / /

2a. FEIN

 -

2b. Business name

2c. Address

2d. City

2e. State

2f. ZIP code

 -

2g. If new affiliate during this year, enter date affiliate became part of the unitary group. Date (MM/DD/YYYY)

 / /

2h. If affiliate ceased to be part of the unitary group during this year, indicate date affiliate left group. Date (MM/DD/YYYY)

 / / **Include additional schedules if needed. You must include this schedule with your Oregon corporation or insurance tax return.**

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