FARM RESTRUCTURING RELIEF CLAIM FORM

Relief under Section 604B Taxes Consolidation Act 1997



To be completed by an individual claiming relief for farm restructuring for the period from 1 January 2019 to 31 December 2019

	Self		Spo	ouse / Civil Partner
Name				
Address (incl. Eircode)				
PPSN				
(Remember to quo	ote this number in any com	munication with you	r Revenue o	ffice)
The year to which	this claim refers	Υ	YYY	YYYY
	paid for the qualifying anged, when that land		.00	
The consideration qualifying land on	received for the the sale of that land		.00	, , , , , , , , , , , , , , , , , , , ,
The consideration qualifying land pur	•		.00	, , , , , , , , , , , , , , , , , , , ,
In the case of an e	exchange of qualifying land			
land conve	t value of the qualifying eyed or transferred for ses of the exchange, and	, , , , , ,	.00	,,00
qualifying l	t value of the other land received in for that land		.00	, , , , , , , , , , , , , , , , , , , ,
The incidental cos	ts (within the meaning of S	ection 552(2)) relation	ng to	
(a) the acquis sold or exc	ition of the qualifying land changed		.00	, 00
(b) the sale of	the qualifying land		.00	.00
	ition of the other land purchased		.00	, , , , , , , , , , , , , , , , , , , ,
	nge of the qualifying land or transferred	, , , , , ,	.00	, , , , , , , , , , , , , , , , , , , ,
(e) the acquis land excha	ition of the other qualifying anged	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00	,

	Self	Spouse / Civil Partner
Chargeable gain on the disposal qualifying land before Sec. 604B		, , , , , , , , , , , , , , , , , , , ,
Amount of gain relieved under Se	c. 604B	.00
Chargeable gain net of Sec. 604E	3 relief,	, 00
Net chargeable gain after Sec. 60 Form CG1 2019 at Line 7 as appr	4B relief should be included in Form 11 opriate	2019 at Line 807 or
Confirm whether each transaction within the period of 24 months	took place Yes No	Yes No
If a Farm Restructuring Certificate	e was issued by Teagasc, insert ⊠ in the	box
Farm Restructuring Certificate ref	erence number as printed on the Certific	cate
Declaration I declare that all the particulars given Signature	ven in this form are correct to the best of	f my knowledge and belief
Capacity of Signatory		
Date D D M M Y	Telephone No	
	Email	

When you have completed this form please forward it to your Revenue office. Contact details are available on www.revenue.ie

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