

# 2024 Schedule VACS Virginia Supplemental Contributions Schedule



Name(s) as shown on Virginia return

Social Security Number

## General Instructions

Use this Schedule if you are contributing all or part of your refund to more than five Commonwealth Savers (formerly Virginia529) accounts. Use additional Schedules VACS if necessary.

For each contribution, provide the program type code (see codes below), beneficiary's last name, account number and the amount contributed to that program. For contributions to Invest529<sup>®</sup>, Prepaid529<sup>SM</sup> and CollegeWealth accounts, use your program account number. For contributions to ABLEnow, use the ABLEnow account number. Contact your financial advisor to obtain the proper account number and routing number for a CollegeAmerica<sup>®</sup> or AbleAmerica<sup>®</sup> account. See the instructions for more details. For more information, visit Invest529.com.

- Program Type Codes:**
- 1 = Invest529
  - 3 = CollegeWealth
  - 5 = ABLEnow
  - 2 = Prepaid529
  - 4 = CollegeAmerica or ABLEAmerica

Enter the total contribution amount for all Virginia529 accounts on Schedule VAC, Line 6.

## Savings Program Information

## Contribution Amount

1. Program Type      Beneficiary's Last Name

    

.00

Account Number      Routing Number

(For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica Only)

    

2. Program Type      Beneficiary's Last Name

    

.00

Account Number      Routing Number

(For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica Only)

    

3. Program Type      Beneficiary's Last Name

    

.00

Account Number      Routing Number

(For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica Only)

    

4. Program Type      Beneficiary's Last Name

    

.00

Account Number      Routing Number

(For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica Only)

    

5. Program Type      Beneficiary's Last Name

    

.00

Account Number      Routing Number

(For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica Only)

    

6. **Total Amount.** Add the Contribution Amount from Lines 1 through 5 and enter the total here. Include this amount in the total reported on Schedule VAC.

.00