DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2025 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor **tax.virginia.gov/early-release-forms** for future drafts of this form. Once forms are final, we will post them on our website at **tax.virginia.gov/forms**.

2025 Schedule VAC

Virginia Contributions Schedule

Name(s) as shown on Virginia return

Social Security Number

General Instructions

Complete Section I below to contribute all or part of your refund to one or more Commonwealth Savers (formerly Virginia529) accounts. To contribute to other voluntary contribution organizations listed in the income tax instructions, complete Section II on Page 2. Do not submit this form if you are filing an amended return.

I - Commonwealth Savers Contributions

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®, Prepaid529SM 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® or ABLEAmerica® account. See the instructions for more details. For more information, visit Invest529.com or ABLEnow.com.

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

A Overpayment Balance Available

Enter the overpayment amount computed on your return less the amount credited to estimated tax for next year. The total contribution amount in Section B below may not exceed this amount.

`_____ . 00`

B Savings Program Information   Contribution Amount

1. Program Type | Beneficiary's Last Name

`_____ . 00`

Account Number
(For CollegeAmerica or ABLEAmerica, contact your financial advisor)

Routing Number
(Required for CollegeAmerica or ABLEAmerica Only)

2. Program Type | Beneficiary's Last Name

`_____ . 00`

Account Number
(For CollegeAmerica or ABLEAmerica, contact your financial advisor)

Routing Number
(Required for CollegeAmerica or ABLEAmerica Only)

3. Program Type | Beneficiary's Last Name

`_____ . 00`

Account Number
(For CollegeAmerica or ABLEAmerica, contact your financial advisor)

Routing Number
(Required for CollegeAmerica or ABLEAmerica Only)

4. Program Type | Beneficiary's Last Name

`_____ . 00`

Account Number
(For CollegeAmerica or ABLEAmerica, contact your financial advisor)

Routing Number
(Required for CollegeAmerica or ABLEAmerica Only)

5. Program Type | Beneficiary's Last Name

`_____ . 00`

Account Number
(For CollegeAmerica or ABLEAmerica, contact your financial advisor)

Routing Number
(Required for CollegeAmerica or ABLEAmerica® Only)

6. Total Amount. Enter the total contribution amount for all Commonwealth Savers accounts here and on Form 760, Line 30; Form 760PY, Line 30; or Form 763, Line 30. If contributing to more than 5 accounts, use the supplemental Schedule VACS and fill in this oval.

`_____ . 00`

Social Security Number

Name(s) as shown on Virginia return

II - Other Voluntary Contributions

Complete this section to contribute to one or more of the voluntary contribution organizations listed in the income tax instructions.

A Overpayment balance available. Enter the overpayment amount computed on your return less the amount credited to estimated tax for next year and the amount of Commonwealth Savers contributions from Section I. The total of Lines 2 through 7 below may not exceed this amount.

1. _____ . 00

	Code	**Contribution Amount**

B Voluntary Contributions to be made from your refund. See instructions for a list of qualifying organizations and codes.

2. ____ _____ . 00

3. ____ _____ . 00

4. ____ _____ . 00

5. _____ _____ . 00

6. _____ _____ . 00

7. _____ _____ . 00

C Voluntary Contributions to be made from your refund or tax payment. See instructions for details.

8. ____ _____ . 00

9. ____ _____ . 00

10. ____ _____ . 00

11. _____ _____ . 00

12. _____ _____ . 00

13. _____ _____ . 00

D Total Voluntary Contributions (add the contribution amounts on Lines 2 through 13). Enter this amount here and on Line 31 of Form 760, Line 31 of Form 760PY, or Line 31 of Form 763.

14. _____ . 00

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