



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<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 or ABLEnow.com.

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

**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.

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**B Savings Program Information**

**Contribution Amount**

1. Program Type      Beneficiary's Last Name  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 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  
 \_\_\_\_\_  
 Account Number      Routing Number  
 (For CollegeAmerica or ABLEAmerica, contact your financial advisor)      (Required for CollegeAmerica or ABLEAmerica<sup>®</sup> Only)  
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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

