WEB	2025	Sche	dule	VAC.
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## Virginia Contributions

2601000 Rev. 05/25	Scriedule
Name(s) as shown on Virginia return	
	Γ



### **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 th

	orm if you are fili			income tax instructions, complete 5	ection if on Page 2. Do not submit
1-	Commonwe	ealth Sav	ers Contributions		
contri For c and r	ibuted to that pro contributions to A	gram. For cor ABLEnow, use or a College LEnow.com.	ntributions to Invest529 <sup>®</sup> , Prepaid e the ABLEnow account numbe	es below), beneficiary's last name, 1529 <sup>SM</sup> and CollegeWealth accounts, r. Contact your financial advisor to count. See the instructions for more count.  3 = CollegeWealth 4 = CollegeAmerica or ABI FAmerica	use your program account number. bbtain the proper account number
Α	Overpayme	nt Balance	e Available	ABLEAMICHOU	
		x for next yea	unt computed on your return les ir. The total contribution amount		. 00
В	Savings Pro	ogram Info	ormation		<b>Contribution Amount</b>
1.	Program Type  Account Number (For CollegeAmer	Beneficiary's	Last Name	Routing Number (Required for CollegeAmerica or ABL	. 00 .EAmerica Only)
2.	Program Type Account Number (For CollegeAmer	Beneficiary's	E Last Name	Routing Number (Required for CollegeAmerica or ABL	. 00 EAmerica Only)
3.	Program Type	Beneficiary's			
	Account Number		rica, contact your financial advisor)	Routing Number (Required for CollegeAmerica or ABL	EAmerica Only)
4.	Program Type	Beneficiary's	Last Name		. 00
	Account Number (For CollegeAmer	ica or ABLEAme	rica, contact your financial advisor)	Routing Number (Required for CollegeAmerica or ABL	EAmerica Only)
5.	Program Type	Beneficiary's	Last Name		. 00
	Account Number (For CollegeAmer	ica or ABLEAme	erica, contact your financial advisor)	Routing Number (Required for CollegeAmerica or ABL	EAmerica® Only)
6.			otal contribution amount for all (		

30. If contributing to more than 5 accounts, use the supplemental Schedule VACS and fill in this oval.



# WEB 2025 Schedule VAC Virginia Contributions Schedule

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Page 2	
Name(s) as shown on Virginia return	Social Security Number

## II - Other Voluntary Contributions

Con	uplete this section to contribute to one or more of the volunta	ary contribution organizations I	isted in the income tax instructions.
A	Overpayment balance available. Enter the overpayment on your return less the amount credited to estimated tax amount of Commonwealth Savers contributions from Section 2 through 7 below may not exceed this amount.	for next year and the	. 00
		Code	Contribution Amount
В	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 amount 2 through 13). Enter this amount here and on Line 31 of F Line 31 of Form 760PY, or Line 31 of Form 763.		. 00