WEB <b>2015 Schedule VACS</b> 2601000 Rev. 08/15	Supplemental Contributions Schedule for the Virginia College Savings Plan℠		
Name(s) as shown on Virginia return		Your SSN	

## **General Instructions**

Use this Schedule if you are contributing all or part of your refund to more than five Virginia College Savings Plan<sup>SM</sup> (Virginia529<sup>SM</sup>) 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 Virginia529 inVEST<sup>SM</sup>, Virginia529 prePAID<sup>SM</sup>, and CollegeWealth<sup>®</sup> accounts, use your Virginia529 account number. Contact your financial advisor to obtain the proper account number and routing number for a CollegeAmerica<sup>®</sup> account. See the instructions for more details. For information on Virginia529 visit www.Virginia529.com.

Program Type Codes:

- 1 = Virginia529 inVEST<sup>s</sup>™
- 3 = CollegeWealth®
- 2 = Virginia529 prePAID<sup>sм</sup>
- 4 = CollegeAmerica®

Enter the total contribution amount for all Virginia529 accounts on Schedule VAC, Line 6 and on Form 760, Line 32; Form 760PY, Line 32; or Form 763, Line 32.

Sav	lings Prograi	n information		Contribution Amount
1.	Program Type	Beneficiary's Last Name		. 00
	Account Number (For College Ameri	ca®, contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	]
2.	Program Type	Beneficiary's Last Name		. 00
	Account Number (For College Ameri	ca®, contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	1
3.	Program Type	Beneficiary's Last Name		. 00
	Account Number (For College Ameri	ca®, contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	]
4.	Program Type	Beneficiary's Last Name		. 00
	Account Number (For College Ameri	ca®, contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	]
5.	Program Type	Beneficiary's Last Name		. 00
	Account Number (For College Amer	ca®, contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> 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.