WEB 2020 Schedule VAC

2601000 Rev. 06/20

Name(s) as shown on Virginia return

Vour SSN

General Instructions

Complete Section I below to contribute all or part of your refund to one or more Virginia529SM and ABLEnowSM 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.

Virginia Contributions Schedule

I - Virginia529SM and ABLEnowSM 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, prePAID529 and CollegeWealth accounts, use your Virginia529 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 account. See the instructions for more details. For more information, visit Virginia529.com or ABLE-now.com.

Program Type Codes:

- -----

3 = CollegeWealth[®] 4 = CollegeAmerica[®]

5 = ABLEnow ^{sм}	

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.

1 = INVEST529SM

2 = Prepaid529SM

В	Savings Pro	ogram Information		Contribution Amount		
1.	Program Type	Beneficiary's Last Name				
				. 00		
	Account Number		Routing Number			
	(For College Amer	ica [®] , contact your financial advisor)	(Required for CollegeAmerica [®] Only)			
2.	Program Type	Beneficiary's Last Name				
				. 00		
	Account Number		Routing Number			
	(For College Amer	ica®, contact your financial advisor)	(Required for CollegeAmerica® Only)			
3.	Program Type	Beneficiary's Last Name				
	Account Number		Routing Number			
	(For College Amer	ica [®] , contact your financial advisor)	(Required for CollegeAmerica [®] Only)			
4.	Program Type	Beneficiary's Last Name				
				. 00		
	Account Number		Routing Number			
		ica [®] , contact your financial advisor)	(Required for CollegeAmerica [®] Only)			
5.	Program Type	Beneficiary's Last Name				
	Account Number		Routing Number			
	(For College Amer	ica [®] , contact your financial advisor)	(Required for CollegeAmerica [®] Only)			
6.			nt for all Virginia529 accounts here			
			or Form 763, Line 30. If contributing	 .00		
	to more than 5 accounts, use the supplemental Schedule VACS and fill in this oval.					

WEB 2020 Schedule VAC Page 2

Virginia Contributions Schedule



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.

Overpayment balance available. Enter the overpayment amount computed on Α your return less the amount credited to estimated tax for next year and the amount of Virginia529sM and ABLEnowSM contributions from Section I. The total of Lines 2 through 7 below may not exceed this amount. 1. Code **Contribution Amount** Voluntary Contributions to be made from your refund. B See instructions for a list of qualifying organizations and codes. 2. 3. 4. 5. 6. 7. Voluntary Contributions to be made from your refund or С tax payment. See instructions for details. 8. 9. 10. 11. 00 12. 13. Total Voluntary Contributions (add the contribution amounts on Lines D 2 through 13). Enter this amount here and on Line 31 of Form 760, 14.

Line 31 of Form 760PY, or Line 31 of Form 763.