#### **WEB** 2022 Schedule VAC **Virginia Contributions**

**Schedule** 

|  | Security |  |
|--|----------|--|

Name(s) as shown on Virginia return

### **General Instructions**

2601000 Rev. 02/22

Complete Section I below to contribute all or part of your refund to one or more Virginia529<sup>SM</sup> and ABLE 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 fil             | ling an amended                      | return.  |   |   |  |
|---------------------|--------------------------------------|--|---|---|--|
| <b>I</b> - '        | Virginia529                          | and ABLE Contributions   | 8   |   |  |
| o tha<br>For cand r | at program. For ontributions to A    | contributions to Invest529 <sup>®</sup> , Pre<br>BLEnow, use the ABLEnow accor<br>or a CollegeAmerica <sup>®</sup> or ABLEAm<br>BLE-now.com. | oaid529 <sup>sM</sup> and<br>unt number. Co<br>erica <sup>®</sup> account.<br>3 | CollegeWealth accounts, intact your financial advisor | count number and the amount contributed use your Virginia529 account number or to obtain the proper account number more details. For more information, visi  |
| Α                   | Overpaymer                           | nt Balance Available   |   |   |  |
|                     |                                      | ayment amount computed on you<br>for next year. The total contribution<br>amount.  |   |   | · · · · · · · · · · · · · · · · ·  |
| В                   | Savings Pro                          | gram Information   |   |   | <b>Contribution Amount</b>   |
| 1.                  | Program Type                         | Beneficiary's Last Name  |   |   |  |
|                     | Account Number                       | ca or ABLEAmerica, contact your financia   | Ladvisor)   | Routing Number (Required for CollegeAmerica           | or ABI FAmerica Only)  |
|                     | (1 or conleger union                 | Sa of 712227 afforded, contact, year inflation   | i davioor)  | (required for conleger unioned                        | The state of the s |
|                     |                                      |  |   |   |  |
| 2.                  | Program Type                         | Beneficiary's Last Name  |   |   | . 00   |
|                     | Account Number<br>(For CollegeAmeric | ca or ABLEAmerica, contact your financia   | l advisor)  | Routing Number<br>(Required for CollegeAmerica        | or ABLEAmerica Only)   |
| 3.                  | Program Type                         | Beneficiary's Last Name  |   |   |  |
|                     |                                      |  |   |   |  |
|                     | A a a sunt Number                    |  |   | Destina Neverber                                      | . 00   |
|                     | Account Number (For CollegeAmeric    | ca or ABLEAmerica, contact your financia   | l advisor)  | Routing Number (Required for CollegeAmerica           | or ABLEAmerica Only)   |
|                     |                                      |  |   |   |  |
| 4.                  | Program Type                         | Beneficiary's Last Name  |   |   |  |
|                     |                                      |  |   |   | . 00   |
|                     | Account Number                       |  |   | Routing Number  |  |
|                     | (For CollegeAmeric                   | ca or ABLEAmerica, contact your financia   | I advisor)  | (Required for CollegeAmerica                          | or ABLEAmerica Only)   |
| 5.                  | Program Type                         | Beneficiary's Last Name  |   |   |  |
|                     |                                      |  |   |   | . 00   |
|                     | Account Number<br>(For CollegeAmeric | ca or ABLEAmerica, contact your financia   | l advisor)  | Routing Number<br>(Required for CollegeAmerica        | or ABLEAmerica® Only)  |
|                     |                                      |  |   |   |  |

Total Amount. Enter the total contribution amount for all Virginia529 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.



# WEB 2022 Schedule VAC Page 2

### Virginia Contributions Schedule

| Your SSN |
|----------|

|                                     | Your SSN |
|-------------------------------------|----------|
| 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.

|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | .,                                |                     |
|---|---|-----------------------------------|---------------------|
| Α | Overpayment balance available. Enter the overpayment on your return less the amount credited to estimated tax for amount of Virginia529 and ABLE contributions from Section 2 through 7 below may not exceed this amount. | or next year and the              | . 00                |
|   |   | Code                              | Contribution Amount |
| В | Voluntary Contributions to be made from your refund.<br>See instructions for a list of qualifying organizations<br>and codes.   | 2.                                |                     |
|   |   | 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 2 through 13). Enter this amount here and on Line 31 of Form 760PY, or Line 31 of Form 763.   | s on Lines<br>orm 760, <b>14.</b> | . 00                |