



Name(s) as shown on Virginia return

Your SSN

**General Instructions**

Complete Section I below to contribute all or part of your refund to one or more Virginia College Savings Plan<sup>SM</sup> (Virginia529<sup>SM</sup>) 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 - Virginia College Savings Plan<sup>SM</sup> (Virginia529<sup>SM</sup>) 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 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](http://www.Virginia529.com).

**Program Type Codes:** 1 = Virginia529 inVEST<sup>SM</sup> 2 = Virginia529 prePAID<sup>SM</sup> 3 = CollegeWealth<sup>®</sup> 4 = CollegeAmerica<sup>®</sup>

**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.

\_\_\_\_\_ .00

**B Savings Program Information**

**Contribution Amount**

1. Program Type  Beneficiary's Last Name \_\_\_\_\_ .00

Account Number (For College America<sup>®</sup>, contact your financial advisor) \_\_\_\_\_ Routing Number (Required for CollegeAmerica<sup>®</sup> Only) \_\_\_\_\_

2. Program Type  Beneficiary's Last Name \_\_\_\_\_ .00

Account Number (For College America<sup>®</sup>, contact your financial advisor) \_\_\_\_\_ Routing Number (Required for CollegeAmerica<sup>®</sup> Only) \_\_\_\_\_

3. Program Type  Beneficiary's Last Name \_\_\_\_\_ .00

Account Number (For College America<sup>®</sup>, contact your financial advisor) \_\_\_\_\_ Routing Number (Required for CollegeAmerica<sup>®</sup> Only) \_\_\_\_\_

4. Program Type  Beneficiary's Last Name \_\_\_\_\_ .00

Account Number (For College America<sup>®</sup>, contact your financial advisor) \_\_\_\_\_ Routing Number (Required for CollegeAmerica<sup>®</sup> Only) \_\_\_\_\_

5. Program Type  Beneficiary's Last Name \_\_\_\_\_ .00

Account Number (For College America<sup>®</sup>, contact your financial advisor) \_\_\_\_\_ Routing Number (Required for CollegeAmerica<sup>®</sup> Only) \_\_\_\_\_

6. **Total Amount.** Enter the total contribution amount for all Virginia529 accounts here and on Form 760, Line 32; Form 760PY, Line 32; or Form 763, Line 32. If contributing to more than 5 accounts, use the supplemental Schedule VACS and fill in this oval. \_\_\_\_\_ .00

