

Supplemental Contributions  
Schedule for the Virginia  
College Savings Plan<sup>SM</sup>



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](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>



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.

| Savings Program Information |  | Contribution Amount      |
|-----------------------------|--|--------------------------|
| 1.                          | Program Type <input type="checkbox"/> Beneficiary's Last Name <input type="text"/><br>Account Number (For College America <sup>®</sup> , contact your financial advisor) <input type="text"/><br>Routing Number (Required for CollegeAmerica <sup>®</sup> Only) <input type="text"/> | <input type="text"/> .00 |
| 2.                          | Program Type <input type="checkbox"/> Beneficiary's Last Name <input type="text"/><br>Account Number (For College America <sup>®</sup> , contact your financial advisor) <input type="text"/><br>Routing Number (Required for CollegeAmerica <sup>®</sup> Only) <input type="text"/> | <input type="text"/> .00 |
| 3.                          | Program Type <input type="checkbox"/> Beneficiary's Last Name <input type="text"/><br>Account Number (For College America <sup>®</sup> , contact your financial advisor) <input type="text"/><br>Routing Number (Required for CollegeAmerica <sup>®</sup> Only) <input type="text"/> | <input type="text"/> .00 |
| 4.                          | Program Type <input type="checkbox"/> Beneficiary's Last Name <input type="text"/><br>Account Number (For College America <sup>®</sup> , contact your financial advisor) <input type="text"/><br>Routing Number (Required for CollegeAmerica <sup>®</sup> Only) <input type="text"/> | <input type="text"/> .00 |
| 5.                          | Program Type <input type="checkbox"/> Beneficiary's Last Name <input type="text"/><br>Account Number (For College America <sup>®</sup> , contact your financial advisor) <input type="text"/><br>Routing Number (Required for CollegeAmerica <sup>®</sup> Only) <input type="text"/> | <input type="text"/> .00 |
| 6.                          | <b>Total Amount.</b> Add the Contribution Amount from Lines 1 through 5 and enter the total here. Include this amount in the total reported on Schedule VAC.   | <input type="text"/> .00 |

