#### **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 For cand r	at program. For ontributions to A	contributions to Invest529 <sup>®</sup> , Pre BLEnow, use the ABLEnow accor or a CollegeAmerica <sup>®</sup> or ABLEAm BLE-now.com.	oaid529 <sup>sM</sup> and unt number. Co erica <sup>®</sup> account. 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 for next year. The total contribution 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 (For CollegeAmeric	ca or ABLEAmerica, contact your financia	l advisor)	Routing Number (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 (For CollegeAmeric	ca or ABLEAmerica, contact your financia	l advisor)	Routing Number (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. See instructions for a list of qualifying organizations 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 orm 760, <b>14.</b>	. 00