



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> 3 = CollegeWealth<sup>®</sup>  
2 = Virginia529 prePAID<sup>SM</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	Contribution Amount
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> .00
	Account Number (For College America <sup>®</sup> , contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	
	<input type="text"/>	<input type="text"/>	
2.	Program Type	Beneficiary's Last Name	Contribution Amount
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> .00
	Account Number (For College America <sup>®</sup> , contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	
	<input type="text"/>	<input type="text"/>	
3.	Program Type	Beneficiary's Last Name	Contribution Amount
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> .00
	Account Number (For College America <sup>®</sup> , contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	
	<input type="text"/>	<input type="text"/>	
4.	Program Type	Beneficiary's Last Name	Contribution Amount
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> .00
	Account Number (For College America <sup>®</sup> , contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	
	<input type="text"/>	<input type="text"/>	
5.	Program Type	Beneficiary's Last Name	Contribution Amount
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> .00
	Account Number (For College America <sup>®</sup> , contact your financial advisor)	Routing Number (Required for CollegeAmerica <sup>®</sup> Only)	
	<input type="text"/>	<input type="text"/>	

**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.

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