

DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2026 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor tax.virginia.gov/early-release-forms for future drafts of this form. Once forms are final, we will post them on our website at tax.virginia.gov/forms.

Virginia Contributions Schedule

2601000 Rev. 04/26

Name(s) as shown on Virginia return



A horizontal number line with tick marks from 0 to 10. A bracket is drawn above the line, spanning from the tick mark for 3 to the tick mark for 5. The number '2' is written above the bracket.

General Instructions

Complete Section I below to contribute all or part of your refund to one or more Commonwealth Savers (formerly Virginia529) 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 - Commonwealth Savers 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 Invest529[®], Prepaid529SM and CollegeWealth accounts, use your program account number. For contributions to ABLEnow, use the ABLEnow account number. Contact your financial advisor to obtain the proper account number and routing number for a CollegeAmerica[®] or ABLEAmerica[®] account. See the instructions for more details. For more information, visit Invest529.com or ABLEnow.com.

Program Type Codes:

1 = Invest529

2 = Prepaid529

3 = CollegeWealth

4 = CollegeAmerica or ABLEAmerica

5 = ABLEnow

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.

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B Savings Program Information

Contribution Amount

- | 1. | Program Type | Beneficiary's Last Name | Account Number
<small>(For CollegeAmerica or ABLEAmerica, contact your financial advisor)</small> | Routing Number
<small>(Required for CollegeAmerica or ABLEAmerica Only)</small> | |
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| 6. | Total Amount. Enter the total contribution amount for all Commonwealth Savers 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. | | | | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> .00 |



Social Security Number

Social Security Number

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Complete this section to contribute to one or more of the voluntary contribution organizations listed in the income tax instructions.

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- Contribution Amount**

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