[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

MATTER REFERENCE:

Case ID: [Case Reference]
Subject: [e.g., IRS Audit Defense / Tax Planning]

Description of Professional Services	Hours	Rate	Amount
[Service Detail - e.g., Legal Research on Tax Code Sec. 1031]	0.00	$0.00	$0.00
[Service Detail - e.g., Preparation of Tax Court Petition]	0.00	$0.00	$0.00
[Service Detail - e.g., Client Consultation / IRS Representation]	0.00	$0.00	$0.00

Subtotal: $0.00

Adjustments/Disbursements: $0.00

Total Balance Due: $0.00

Payment Instructions: Please make checks payable to "[Law Firm Name]" or contact us for wire transfer details. Late payments may be subject to interest as per the Engagement Letter.

Thank you for your business.