

# INVOICE

[Tax Practice Name]  
[Street Address]  
[City, State, Zip]  
[License/PTIN Number]

**Invoice #:** [0000]  
**Date:** [Date]  
**Period:** [Interim Range]

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## CLIENT INFORMATION

[Client Name]  
[Company Name]  
[Client Address]  
[Client Email]

## PROJECT REFERENCE

**Matter:** [Tax Year / Consultation Type]  
**Status:** Interim Billing

Service Description	Hours	Rate	Amount
[Consultation Phase / Specific Tax Topic] [Details of advice or research provided]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Document Review / Compliance Analysis]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Administrative / Filing Fees]	-	-	[\$[0.00]]

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Subtotal: \$[0.00]  
Tax/VAT: \$[0.00]  
Balance Due: \$[0.00]

**Payment Terms:** Due within [X] days. Please make checks payable to "[Tax Practice Name]".

**Interim Notice:** This invoice covers professional services rendered to date. Final reconciliation will occur upon completion of the engagement.