TAX PLANNING INVOICE

[Consultant/Firm Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Tax ID/Reference]

Description of Tax Services	Hours/Qty	Rate	Total
Strategic Tax Planning & Analysis			
Compliance Review & Projections			
Estate/Gift Tax Advisory			
Administrative/Out-of-Pocket			

Subtotal: $_____

Tax (if applicable): $_____

Total Amount Due: $_____

PAYMENT INSTRUCTIONS & NOTES:

Please make checks payable to [Firm Name]. For wire transfers, use Account: [Number] / Routing: [Number].
Thank you for your business. Late payments are subject to a [X]% monthly interest fee.