TAX CONSULTING INVOICE

[Your Firm Name]
[International Address Line 1]
[City, Country, Postal Code]
VAT/Tax ID: [ID Number]

Invoice #: [00000]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

BILL TO:

[Client Name / Entity]
[Client Address]
[Country]
Tax ID: [Client Tax ID]

PAYMENT DETAILS:

Bank: [Bank Name]
SWIFT/BIC: [Code]
IBAN: [Account Number]
Currency: [USD/EUR/GBP]

Description of Services (Jurisdiction)	Hours/Qty	Rate	Amount
Cross-border Tax Planning & Treaty Analysis	0.00	0.00	0.00
Transfer Pricing Documentation	0.00	0.00	0.00
Expat/Inpats Compliance Filings	0.00	0.00	0.00

Subtotal: 0.00

Tax/VAT (0%): 0.00
Total Due: [Currency] 0.00

Terms: Please quote invoice number for bank transfers. Fees are subject to local withholding tax regulations where applicable.

Registered International Tax Consultants.