

[TAX FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Tax Year: [20XX]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
SSN/TIN (Last 4): [XXXX]

PAYMENT TERMS

Due Date: [MM/DD/YYYY]
Method: [Check/Bank Transfer/Credit Card]

Service Description	Quantity/Hours	Rate	Amount
Individual Income Tax Preparation (Form 1040)	[0]	[\$[0.00]]	[\$[0.00]]
State & Local Return Filing	[0]	[\$[0.00]]	[\$[0.00]]
Business Schedule C / K-1 Processing	[0]	[\$[0.00]]	[\$[0.00]]

Service Description	Quantity/Hours	Rate	Amount
Electronic Filing & Administrative Fees	[1]	[\$[0.00]]	[\$[0.00]]
Audit Protection Service (Optional)	[0]	[\$[0.00]]	[\$[0.00]]

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

NOTES & DISCLOSURES

Please make all checks payable to **[Tax Firm Name]**. All tax documents will be released upon receipt of full payment. This invoice covers professional services only; any government-imposed penalties or interest are the responsibility of the taxpayer.

Thank you for your business.