

INVOICE

[Firm Name]
[Firm Address]
[Tax ID / License No.]

INVOICE NUMBER [INV-000]
DATE [Month DD, YYYY]
DUE DATE [Month DD, YYYY]

CLIENT INFORMATION [Client Name / Company]
[Client Address]
[Client Email / Phone]

TAX YEAR/PERIOD [e.g., FY 2023]

SERVICE DESCRIPTION	RATE / UNIT	QTY / HOURS	AMOUNT
Tax Planning & Consultation Analysis of investment portfolio for capital gains optimization.	[\$0.00]	[0.0]	[\$0.00]
Federal & State Return Preparation Preparation of Form 1040 and corresponding state schedules.	[\$0.00]	[0.0]	[\$0.00]
Audit Representation Correspondence with tax authorities regarding [Subject].	[\$0.00]	[0.0]	[\$0.00]
Administrative / Filing Fees E-filing fees and secure document processing.	[\$0.00]	[1]	[\$0.00]

Subtotal: [\$0.00]
Tax/VAT ([0] %): [\$0.00]

Total Due: [\$0.00]

Payment Terms: Please remit payment via [Bank Wire / Check / Portal] within [15/30] days.

Notes: Detailed timesheets and expense receipts are available upon request. Thank you for your business.