

# [ACCOUNTING FIRM NAME]

[Street Address]  
[City, State, Zip]  
Phone: [000-000-0000]  
Email: [billing@firm.com]

## TAX INVOICE

**Invoice #:** [000001]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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**BILL TO:**

**[Client Name / Business Name]**  
[Client Address]  
[City, State, Zip]  
Tax ID: [00-0000000]

**PAYMENT TERMS:**

[Net 30 Days]  
Method: [Wire Transfer / ACH]

Service Description	Hours/Qty	Rate	Amount
[Professional Service Description - e.g., Corporate Tax Filing]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Professional Service Description - e.g., Audit Representation]	[0.00]	[\$[0.00]]	[\$[0.00]]

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Subtotal: \$[0.00]  
Tax ([0] %): \$[0.00]  
Total Amount: \$[0.00]

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**Payment Instructions:** Please include invoice number with your payment. Direct deposits can be made to: [Bank Name] | Account: [00000000] | Routing: [000000000].

Thank you for your business.