

# INVOICE

[Law Firm Name]  
[Address Line 1]  
[City, State, Zip]  
[Phone / Email]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Matter ID:** \_\_\_\_\_

**BILL TO:**

[Executor/Client Name]  
Estate of [Deceased Name]  
[Address Line 1]  
[City, State, Zip]

**PAYMENT TERMS:**

Due upon receipt

Description of Legal Services	Hours	Rate	Total
Inheritance Tax Return Preparation (Form [Number])		\$	\$
Asset Valuation & Date of Death Appraisal Review		\$	\$
Communication with State/Federal Tax Authorities		\$	\$
Trust & Estate Distribution Legal Counsel		\$	\$

Description of Legal Services	Hours	Rate	Total
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Administrative/Filing Fees (Disbursements)	-	-	\$
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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

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**Payment Instructions:**

Please make checks payable to [Law Firm Name]. For wire transfers, please contact our office for routing details. All fees are related to the professional administration of the aforementioned estate.