

TAX LAW FIRM NAME

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [REF-000]

BILL TO

[Client Corporation Name]
[Contact Name / Legal Dept]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [MM/DD/YYYY]
Payment Method: [Wire/ACH/Check]

Description of Legal Services	Hours	Rate	Amount
[Service Description: e.g., Tax Structure Analysis]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Description: e.g., Regulatory Compliance Review]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Description: e.g., Consultation Call]	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Disbursements/Costs: \$[0.00]
Total Due: \$[0.00]

Notes: Please include Invoice Number on all payments. Interest of [0]% per month applied to balances over 30 days.

Privileged and Confidential Attorney-Client Communication