

[LAW FIRM NAME]

Criminal Tax Defense Division
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

INVOICE

Invoice #: [0000]
Date: [Date]
Case ID: [IRS-Docket-No]

CLIENT / DEBTOR [Client Full Name]
[Client Address]
[City, State, Zip]
MATTER DESCRIPTION [Case Type: e.g., Felony Tax Evasion]
Investigation Period: [Tax Years]
Attorney: [Lead Counsel Name]

Date	Description of Legal Services	Hours	Rate	Amount
[Date]	Initial Review of IRS Special Agent Report & Exhibits	[0.0]	\$0.00	\$0.00
[Date]	Preparation for and attendance at Proffer Meeting	[0.0]	\$0.00	\$0.00
[Date]	Correspondence with DOJ Tax Division Counsel	[0.0]	\$0.00	\$0.00
[Date]	Administrative Expenses (Document Retrieval/Filings)	--	--	\$0.00

Subtotal: \$0.00
Retainer Applied: (\$0.00)

Balance Due: \$0.00

Payment Terms: Due within [X] days. Please make checks payable to "[Law Firm Name]".

Confidential Attorney-Client Communication / Work Product.