

TAX INVOICE

[Law Firm Name]

[Street Address]

[City, State, Zip Code]

[Tax ID / EIN Number]

[Phone Number] | [Email]

Invoice #: [00000]

Date: [Month Day, Year]

Due Date: [Month Day, Year]

Matter Ref: [Client/Matter ID]

CLIENT INFORMATION

[Client Name or Company]

[Attention To: Department/Contact]

[Street Address]

[City, State, Zip Code]

[Client Tax ID]

MATTER DESCRIPTION

Subject: [e.g., IRS Audit Representation / Tax Planning]

Period: [Fiscal Year/Quarter Covered]

Date	Professional / Service Description	Hours	Rate	Amount
[MM/DD]	Legal Research: Analysis of [Section/Statute] regarding [Issue]	[0.0]	[\$[0.00]]	[\$[0.00]]

Date	Professional / Service Description	Hours	Rate	Amount
[MM/DD]	Consultation: Conference with client regarding [Tax Strategy]	[0.0]	\${[0.00]}	\${[0.00]}
[MM/DD]	Document Preparation: Drafted response to [Notice Number]	[0.0]	\${[0.00]}	\${[0.00]}

DISBURSEMENTS & EXPENSES

Date	Description	Amount
[MM/DD]	Filing Fees / Courier Charges / Travel	\${[0.00]}
	Professional Fees:	\${[0.00]}
	Total Expenses:	\${[0.00]}
	Sales Tax/VAT ([0]%):	\${[0.00]}
	Total Due:	\${[0.00]}

Payment Instructions: Please make checks payable to "[Law Firm Name]" or wire transfer to [Bank Name], Account: [Number], Routing: [Number].

Late payments are subject to a monthly interest charge of [0]%.

Thank you for your business.