

# [LAW FIRM NAME]

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

## INVOICE

Date: [Date]  
Invoice #: [00000]  
Matter #: [Estate-000]

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### CLIENT / ESTATE OF

[Executor Name]  
[Estate of Deceased]  
[Address Line 1]  
[Address Line 2]

### PROFESSIONAL SERVICES RENDERED

Date	Description of Legal Advice / Service	Hours	Rate	Amount
[MM/DD]	Federal Estate Tax Return (Form 706) Review	0.00	\$0.00	\$0.00
[MM/DD]	Consultation regarding Portability Election	0.00	\$0.00	\$0.00
[MM/DD]	Generation-Skipping Transfer (GST) Tax Analysis	0.00	\$0.00	\$0.00

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### DISBURSEMENTS & EXPENSES

**Description****Amount**

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Filing Fees / Appraisal Costs

\$0.00

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**Subtotal: \$0.00**

**Tax: \$0.00**

**TOTAL DUE: \$0.00**

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**Payment Terms:** Due upon receipt. Please make checks payable to "[Law Firm Name]".

*This document provides legal advice regarding estate tax liability and may be subject to attorney-client privilege.*