

**[LAW FIRM NAME]**

[Street Address]

[City, State, Zip]

[Phone Number] | [Email]

**INVOICE**

**CLIENT**

**[Client Name / Family Office]**

[Client Address Line 1]

[Client Address Line 2]

Ref: [Matter Number - Estate/Tax Planning]

INVOICE # : [0000]

DATE : [Month DD, YYYY]

DUE DATE : [Month DD, YYYY]

Date	Professional Services Rendered	Hours	Rate	Amount
MM/DD/YYYY	[Description of tax analysis, trust restructuring, or IRS representation]	0.00	\$0.00	\$0.00
MM/DD/YYYY	[Description of offshore compliance review or gift tax filing]	0.00	\$0.00	\$0.00

**Subtotal Services**    \$0.00

<b>Date</b>	<b>Professional Services Rendered</b>	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>
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			<b>Disbursements / Costs</b>	\$0.00
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Balance Forward: \$0.00  
Current Charges: \$0.00  
Total Amount Due: \$0.00

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**Wire Transfer Instructions:** [Bank Name] | [Routing #] | [Account #]

Confidential: This invoice may contain information protected by Attorney-Client Privilege.