

**[LAW FIRM NAME]**

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

**INVOICE**

**Invoice #:** [0000]  
**Date:** [MM/DD/YYYY]  
**Matter ID:** [Tax-Ref-000]

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**CLIENT**

**[Client Name or Company]**  
[Client Street Address]  
[City, State, Zip]  
[Tax ID / EIN if applicable]

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**MATTER SUMMARY**

**Description:** [e.g., IRS Audit Defense / Corporate Restructuring Advice]  
**Period:** [Start Date] to [End Date]

Date	Professional Services / Description	Hours	Rate	Total
[Date]	[Service Detail: Case law research, IRS correspondence, etc.]	[0.0]	[\$0.00]	[\$0.00]
[Date]	[Service Detail]	[0.0]	[\$0.00]	[\$0.00]

**Reimbursable Expenses / Filing Fees****Amount**

[Description of Expense: e.g., Tax Court Filing Fee]

\${0.00}

Services Subtotal: \${0.00}

Expenses Subtotal: \${0.00}

Total Due: \${0.00}

Please make all checks payable to **[Law Firm Name]**.

Payment is due within [30] days. Wire transfer instructions available upon request.

*Thank you for your business.*