

[Law Firm Name]

Sales Tax & State Regulatory Counsel
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [Case Reference]

CLIENT

[Client Name]
[Company Name]
[Client Address]
[City, State, Zip]

PAYMENT TERMS

Net [30] Days
Due Date: [MM/DD/YYYY]

Date	Professional Service / Description	Rate	Hours	Amount
[Date]	Nexus Analysis & Multi-state Liability Audit	\$0.00	0.0	\$0.00
[Date]	Voluntary Disclosure Agreement (VDA) Negotiation	\$0.00	0.0	\$0.00

Date	Professional Service / Description	Rate	Hours	Amount
[Date]	Administrative Hearing Representation	\$0.00	0.0	\$0.00
[Date]	Reimbursable Expenses (Filing Fees/Travel)	-	-	\$0.00

Subtotal: \$0.00
Tax (if applicable): \$0.00
Total Balance Due: \$0.00

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

Wire transfer instructions available upon request. Legal services provided are subject to the terms of the signed Engagement Letter.