

[LAW FIRM NAME]

Tax Law & Regulatory Compliance
[Street Address]
[City, State, Zip]
[Phone Number] | [Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Tax Year: [YYYY]
Matter ID: [Case Number]

CLIENT INFORMATION

[Client Full Name]
[Company Name, if applicable]
[Client Mailing Address]
[Tax ID/EIN: XX-XXXXXXX]

MATTER SUBJECT

[Legal Matter Title]
e.g., IRS Audit Defense, Corporate Restructuring, or U.S. Tax Court Representation

Date	Professional / Description of Legal Services	Hours	Rate	Amount
[MM/DD]	Technical analysis of [Section/Statute]; draft memorandum.	0.0	\$0.00	\$0.00
[MM/DD]	Communication with IRS Revenue Officer regarding [Case].	0.0	\$0.00	\$0.00

Date	Professional / Description of Legal Services	Hours	Rate	Amount
[MM/DD]	Review of financial records and tax return reconciliation.	0.0	\$0.00	\$0.00

EXPENSES & REIMBURSABLES

Description	Amount
Filing Fees / Courier Services / Research Database Access	\$0.00

Subtotal: \$0.00
Retainer Applied: (\$0.00)
Balance Due: \$0.00

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name] Trust Account".

Notice: This invoice may contain privileged information regarding legal strategy and tax positions.