

INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Tax Year(s): _____

Client:
[Client Name]
[Client Address]
[City, State, Zip]
Matter Reference:
[Case Number / Appeal ID]
Jurisdiction:
[State Department of Revenue/Taxation]

Date	Professional Services / Description	Hours	Rate	Amount
	[Case Review & Agency Notice Analysis]			
	[Administrative Hearing Representation]			
	[Legal Research & Brief Drafting]			
	[Filing Fees / Process Service]	-	-	

Subtotal: \$ _____

Adjustments/Retainer Credit: (\$ _____)

Total Balance Due: \$ _____

Payment Terms: Due within [30] days of invoice date.

Please make all checks payable to [**Law Firm Name**]. For wire transfer instructions, please contact our office.

This invoice may contain privileged information regarding legal representation in tax controversy matters.