

**[LAW FIRM NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number] | [Email]

**RETAINER INVOICE**

**Invoice #:** [00000]  
**Date:** [Date]  
**Matter ID:** [Matter Name/ID]

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**CLIENT INFORMATION**

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

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**PROFESSIONAL SERVICES SUMMARY**

Description of Representation / Tax Matter	Amount
Initial Retainer Deposit per Signed Agreement (Dated: [Date])	\$ 0.00
Advanced Filing Fees / Administrative Costs	\$ 0.00
<b>TOTAL RETAINER DUE:</b>	<b>\$ 0.00</b>

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**PAYMENT INSTRUCTIONS**

Please make all checks payable to: **[Law Firm Name] - IOLTA/Trust Account**

For Wire Transfer or ACH instructions, please contact our billing department directly.

*Note: Funds will be held in a client trust account and applied against future billable hours and expenses as outlined in the Retainer Agreement. This is not a final bill for services rendered.*