

[LAW FIRM NAME]

Tax Litigation & Advisory Services
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [TAX-000]

BILL TO:

[Client Name]
[Client Address]
[Tax ID/EIN if applicable]

PAYMENT TERMS:

Due Date: [MM/DD/YYYY]
Method: [Wire/Check/ACH]

Date	Description of Legal Services	Staff	Hours	Rate	Amount
[Date]	IRS Audit Representation: Review of [Tax Year] documentation and correspondence with revenue agents.	[Initials]	0.00	\$0.00	\$0.00
[Date]	Legal Research: Analysis of IRC Section [#####] regarding [Subject].	[Initials]	0.00	\$0.00	\$0.00

Date	Description of Legal Services	Staff	Hours	Rate	Amount
[Date]	Administrative Disbursement: [e.g., Filing fees/Courier]	-	-	-	\$0.00

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

Notes: Please include the Invoice Number with your payment. Late payments may be subject to interest as outlined in the Retainer Agreement.

Wire Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]