

# TAX LITIGATION SERVICES

[Law Firm Name]  
[Street Address]  
[City, State, Zip Code]  
[Tax ID / EIN]

## INVOICE

Invoice #: [00000]  
Date: [MM/DD/YYYY]  
Matter #: [Case Reference]

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### Client:

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

### Case Information:

Jurisdiction: [Court/Tribunal]  
Docket No: [Number]  
Tax Period(s): [Years/Periods]

### Professional Services Rendered

Date	Description of Legal Services	Attorney/Staff	Hours	Rate	Total
[Date]	[e.g., Drafting Petition for U.S. Tax Court]	[Initials]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	[e.g., Representation at IRS Appeals Conference]	[Initials]	[0.00]	[\$[0.00]]	[\$[0.00]]

### Costs & Disbursements

Date	Description	Quantity	Amount
[Date]	[e.g., Court Filing Fees]	1	\${0.00}
Service Subtotal:			\${0.00}
Expenses Subtotal:			\${0.00}
<b>Total Amount Due:</b>			<b>\${0.00}</b>

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

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