

[ATTORNEY OR LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Matter ID: [Client-Tax-001]

BILL TO:

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

Description of Professional Services	Hours	Rate	Amount
[Service: e.g., Strategic Estate & Tax Planning Consultation]	0.0	\$0.00	\$0.00
[Service: e.g., IRS Compliance Review & Filing Preparation]	0.0	\$0.00	\$0.00
[Service: e.g., Research regarding Foreign Asset Reporting]	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Expenses/Costs: \$0.00

Total Due: \$0.00

Payment Terms: Net [30] days. Please make checks payable to "[Firm Name]".

Notes: All professional services rendered are confidential and subject to attorney-client privilege.