[Property Management Agency Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

BILL TO:
[Owner Name]
[Mailing Address]
[City, State, Zip Code]

PROPERTY SUBJECT:
Parcel ID: [00-000-000]
Address: [Physical Property Location]
Tax Year: [20XX]

Description of Services / Tax Component	Assessment Value	Rate (%)	Amount
County Property Tax	$[0.00]	[0.00]%	$[0.00]
School District Tax	$[0.00]	[0.00]%	$[0.00]
Municipal/City Tax	$[0.00]	[0.00]%	$[0.00]
Management Filing Fee	-	-	$[0.00]

Subtotal: $[0.00]

Adjustments/Exemptions: ($[0.00])

TOTAL DUE: $[0.00]

Notes & Instructions:

Please make checks payable to "[Agency Name]". Include Parcel ID on the memo line. Payments received after [Due Date] will incur a [0.0]% late penalty. This invoice serves as a formal record of tax management services rendered.