

RECEIPT

Receipt No: _____

Date: _____

CLIENT INFORMATION

Company Name:

Representative:

Tax ID / EIN:

Address:

TAX YEAR & FILING DETAILS

Tax Year:

Form Type:

State Filed:

Filing Method:

DESCRIPTION OF SERVICE	QUANTITY / HOURS	RATE	AMOUNT

PAYMENT DETAILS

Payment Method:

Reference No:

Payment Date:

Subtotal: _____

Discount: _____

Tax / VAT: _____

Total Paid: _____

Thank you for your business.

AUTHORIZED SIGNATURE