BILLING STATEMENT

Freelance Tax Consultant Services

Statement No:

Date:

Due Date:

Tax Year:

CONSULTANT DETAILS

Name:

PTIN/Reg:

Address:

Email/Tel:

CLIENT DETAILS

Client Name:

Tax ID/SSN:

Address:

Email/Tel:

DESCRIPTION OF TAX SERVICES	HOURS / QTY	RATE	AMOUNT

PAYMENT INSTRUCTIONS

Bank Name:

Account Name:

Account / IBAN:

Routing / BIC:

Subtotal:

Tax / VAT:	
Total Due:	

CONSULTANT SIGNATURE

CLIENT ACCEPTANCE

Thank you for your business.