INVOICE

Invoice No:
Date:
Due Date:
Claim ID:

BILL TO

ERTC CLAIM SUMMARY

QUALIFYING QUARTER	NO. OF EMPLOYEES	TOTAL QUALIFIED WAGES	REFUND CLAIM AMOUNT	FEE %	SERVICE FEE

Total ERTC Refund:
Subtotal Fee Due:
Tax / Adjustments:
Total Owed:

PAYMENT TERMS & INSTRUCTIONS