

# Tax Return Preparation Charge Invoice

**Accountant/Preparer:**

XYZ Tax Services  
123 Main Street  
City, State ZIP  
Phone: (555) 123-4567  
Email: info@xyztax.com

**Bill To:**


**Invoice Number:****Date:****Client ID:**

Description	Amount
Tax Return Preparation Fee	<input type="text"/>
Additional Schedules (if any)	<input type="text"/>
Other Charges	<input type="text"/>
<b>Total</b>	<input type="text"/>

**Payment Terms:** Payment due within 30 days of invoice date.

Thank you for your business!