

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

ESTIMATE #	DATE	VALID UNTIL
_____	_____	_____
CLIENT ENTITY / PERIOD	ENGAGEMENT REF.	PTIN / LICENSE #
_____	_____	_____

DESCRIPTION	QTY × RATE	AMOUNT
Monthly package: period, scope included (flat)		
Hourly: task, period (hours × rate)		
Tax preparation: form, tax year, schedules / states		
Payroll: period, runs × rate or employees × rate		
Software subscription passed through: name, period		
Retainer applied / credit (negative)		

NOTES & PAYMENT TERMS
This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal

Tax

ESTIMATED TOTAL _____