

## Tax Invoice

### Supplier (Billed By):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
GSTIN: \_\_\_\_\_  
State: \_\_\_\_\_ Code: \_\_\_\_\_  
Contact: \_\_\_\_\_

### Recipient (Billed To):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
GSTIN: \_\_\_\_\_  
State: \_\_\_\_\_ Code: \_\_\_\_\_  
Contact: \_\_\_\_\_

Invoice No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place of Supply: \_\_\_\_\_  
Reverse Charge (Y/N): \_\_\_\_\_

S.No.	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Amount	Taxable Value	CGST %	CGST Amt	SGST/UTGST %	SGST/UTGST Amt	IGST %	IGST Amt	Total
1														
2														
						Total								

Amount in words: \_\_\_\_\_

### Declaration:

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

For \_\_\_\_\_

Authorised Signatory  
\_\_\_\_\_