

Company Name

Address: \_\_\_\_\_  
GSTIN: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

TAX INVOICE

Invoice No: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_  
Place of Supply: \_\_\_\_\_  
Reverse Charge: Yes / No

Bill To

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
GSTIN: \_\_\_\_\_

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

Subtotal \_\_\_\_\_  
Total CGST \_\_\_\_\_  
Total SGST/UTGST \_\_\_\_\_  
Total IGST \_\_\_\_\_  
Grand Total \_\_\_\_\_

Amount in Words: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory