

Small Business Name
123 Business St.
City, State ZIP
Phone: (xxx) xxx-xxxx
Email: info@business.com
ABN/VAT/TIN: 123456789
Invoice #: INV-0001
Date: yyyy-mm-dd
Due Date: yyyy-mm-dd

Tax Invoice

Billed To:
Client Name
456 Customer Ave.
City, State ZIP
Phone: (xxx) xxx-xxxx
Email: client@email.com
Payment Method:
Bank Transfer / Credit Card / Cash

Reference:
PO #, Project Name, etc.

Description	Qty	Unit Price	Tax Rate	Amount
Sample Service/Product 1	1	100.00	10%	110.00
Sample Service/Product 2	2	50.00	10%	110.00

Subtotal 200.00
Tax (10%) 20.00
Total Due 220.00

Notes:
Thank you for your business.
Please make payment by the due date.
For questions, contact us at the details above.