

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.