

Retailer Name

Address Line 1
Address Line 2
City, State ZIP
Phone: (XXX) XXX-XXXX
GSTIN: XXXXXXXXXXXXXXXX

Tax Invoice

Invoice No: INV-XXXXXX
Date: YYYY-MM-DD
Due Date: YYYY-MM-DD

Billed To:

Customer Name
Customer Address Line 1
Customer Address Line 2
City, State ZIP
GSTIN: XXXXXXXXXXXXXXXX

Ship To:

Recipient Name
Recipient Address Line 1
Recipient Address Line 2
City, State ZIP

#	Description	HSN/SAC	Qty	Unit	Rate	Amount	Tax %	Tax Amount	Total
1	Product or Service Name	HSNXXXX	1	pcs	0.00	0.00	18%	0.00	0.00
2	Product or Service Name	HSNXXXX	2	pcs	0.00	0.00	18%	0.00	0.00

Notes:

Thank you for your business.
Goods once sold will not be taken back.

Subtotal	0.00
CGST (9%)	0.00
SGST (9%)	0.00
Total Tax	0.00
Total Amount	0.00

Amount in Words: Zero Only
Authorised Signatory

For Retailer Name