

[Your Store Name]  
123 Main St.  
City, Country Zip  
Tax ID: [123456789]

Retail Tax Invoice  
Invoice #:  
Date:

Bill To

Name:  
Address:  
Contact:  
Tax ID:

Items

#	Description	Qty	Unit Price	Taxable Value	Tax Rate (%)	Tax Amount	Total
1							
2							

Subtotal  
Total Tax  
Grand Total  
Amount Paid  
Balance Due

Thank you for your business.