

[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.