

Company Name

Street Address

City, State ZIP

Phone: (xxx) xxx-xxxx

Email: info@company.com

GSTIN: 00AAAA0000A1Z0

TAX INVOICE

Billed To:

Customer Name

Address Line 1

Address Line 2

City, State ZIP

Phone: (xxx) xxx-xxxx

GSTIN: 00AAAA0000B1Z0

Invoice Details

Invoice No: _____

Date: ___ / ___ / ___

Due Date: ___ / ___ / ___

#	Description	HSN/SAC	Qty	Unit Price	Tax %	Tax Amt	Amount
1	Sample Item	0000	1	0.00	18	0.00	0.00
2							
3							
					Subtotal	0.00	
					CGST	0.00	
					SGST/UTGST	0.00	
					IGST	0.00	
					Other Charges	0.00	
					Total	0.00	

Tax Details: All taxes are included as applicable.**Bank Details:** Bank Name | A/c No.: XXXXXXXX | IFSC: XXXXXXXXXX**Declaration:** We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

For Company Name

Authorised Signatory