

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