

Retail Sales Tax Invoice

Invoice #: _____
Date: ____ / ____ / ____

Seller Details

Name: _____
Address: _____
Phone: _____
Email: _____
Tax ID: _____

Customer Details

Name: _____
Address: _____
Phone: _____
Email: _____

#	Description	Qty	Unit Price	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Subtotal _____
Sales Tax (%) _____
Total Sales Tax _____
Total Amount _____

Authorized Signature: _____
Date: ____ / ____ / ____

Thank you for your business!