RETAIL SHOP NAME

Shop Address Line 1
Shop Address Line 2
City, State - ZIP
GSTIN: 00XXXX0000X1ZX

Tax Invoice

Invoice No: _____
Date: ____ / ____ / _____
Customer Name: _____
Contact: _____
Address: _____

#	Description of Goods	HSN/SAC	Qty	Unit	Rate	Amount
1						
2						
3						
					Sub Total	
					CGST (%)	
					SGST (%)	
					Grand Total	

Amount in Words: _____

Terms & Conditions:
- Goods once sold will not be taken back or exchanged.
- Warranty as per manufacturer's terms only.
- All disputes subject to jurisdiction of [City].

For RETAIL SHOP NAME

Authorised Signatory

Thank You! Visit Again