

Company Name

Address Line 1

Address Line 2

GSTIN: _____

Phone: _____

Email: _____

TAX INVOICE

Invoice No: _____

Date: _____

Bill To:

Customer Name: _____

Address: _____

Contact: _____

GSTIN (if any): _____

#	Description	HSN/SAC	Qty	Unit	Rate	Amount	Tax %	Tax Amt	Total
1	-----	-----	---	---	---	-----	---	-----	-----
2	-----	-----	---	---	---	-----	---	-----	-----

Subtotal

Tax

Grand Total

Amount in Words: _____**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

Authorized Signatory

Thank you for your business!