# Company Name

Address Line 1
Address Line 2
City, State, ZIP
Phone: (xxx) xxx-xxxx
Email: info@company.com
GSTIN: xxxxxxxxxxx

# TAX INVOICE

Invoice No: INV-0001
Date: YYYY-MM-DD
Due Date: YYYY-MM-DD

**Billed To**

**Customer Name**

Customer Address

City, State, ZIP

Phone: (xxx) xxx-xxxx

Email: customer@email.com

GSTIN: xxxxxxxxxxx

**Itemized List**

| # | Description of Goods/Service | HSN/SAC | Quantity | Unit Price | Discount | Taxable Value | Tax % | Tax Amount | Total |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Sample Product | 1234 | 1 | 0.00 | 0.00 | 0.00 | 0% | 0.00 | 0.00 |
| 2 | | | | | | | | | |

| | |
|---|---|
| Subtotal | 0.00 |
| Total Tax | 0.00 |
| Other Charges | 0.00 |
| **Grand Total** | **0.00** |

**Bank Details**

Account Name: _____

Account Number: _____

IFSC Code: _____

Bank Name & Branch: _____

**Declaration:** We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

This is a computer-generated invoice.

Authorised Signatory