

[Your Business Name]

[Business address, City, State – PIN]
GSTIN: [Your GSTIN] Phone: [] Email: []

TAX INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

[Name]

[Address, City, State]

GSTIN: []

Place of Supply: []

S.No	Item / Description	HSN/SAC	Qty	Rate	Taxable	GST %	GST Amt	Amount
1								
2								
3								
4								
5								
6								
7								
8								

Taxable Value ₹ _____

CGST ₹ _____

SGST ₹ _____

Grand Total ₹ _____

For inter-state sales, replace CGST + SGST with a single IGST line.

Terms & Conditions: []

For [Your Business Name] — Authorised Signatory