

Company Name

Address Line 1

Address Line 2

GSTIN: XXYYYYYYYYZXZ

State: **State Name**, Code: **00**

Contact: +91-XXXXXXXXXX

Tax Invoice

Invoice No.: **INV-0001**

Date: **DD/MM/YYYY**

Place of Supply: **State Name**

Reverse Charge: **No**

Bill To:

Customer Name

Customer Address Line 1

Customer Address Line 2

GSTIN: XXYYYYYYYYZXZ

State: State Name, Code: 00

Ship To:

Customer Name

Customer Address Line 1

Customer Address Line 2

GSTIN: XXYYYYYYYYZXZ

State: State Name, Code: 00

#	Item Description	HSN/SAC	Qty	Unit Price	Taxable Value	CGST %	CGST Amt	SGST/UTGST %	SGST/UTGST Amt	IGST %	IGST Amt	Total
1	Sample Item Name	1234	1	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00

Sub Total: 0.00

Add: CGST 0.00

Add: SGST/UTGST 0.00

Add: IGST 0.00

Total Invoice Value 0.00

Amount in Words: Zero Rupees Only.

Notes:

- Goods once sold will not be taken back.

- All disputes subject to jurisdiction of City.

Customer's Signature
For **Company Name**

Authorised Signatory

