

Sales Tax Invoice

Seller Details

Retail Business Name

Address Line 1

Address Line 2

City, State ZIP

Phone: _____

GSTIN: _____

Invoice No:

Date:

____ / ____ / ____

Customer Name:

Address:

GSTIN (if applicable): _____

#	Description	HSN/SAC	Qty	Unit Price	Tax Rate (%)	Tax Amount	Total
1	Sample Product Name	xxxx	1	0.00	0%	0.00	0.00
2							
3							

Subtotal	0.00
Tax Total	0.00
Invoice Total	0.00

Notes:

All goods once sold will not be taken back or exchanged.

Please check the goods before leaving the counter.

This is a computer generated invoice.

Authorized Signature