Your business name

Address

GSTIN

Phone

TAX INVOICE

BILL TO

Name

Address

GSTIN

Bill No.

Date

#	ITEM	HSN	QTY	UNIT	RATE	GST %	AMOUNT

AMOUNT IN WORDS

TERMS / NOTES

Taxable value

CGST

SGST

Round off

Total

For

Authorised signatory

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