

TAX INVOICE

<Entity name>

Location: <Address>

GSTIN Number:
GST Invoice Number¹ :
Date of Supply:
Date of Invoice :
Place of Supply: (along with the name of State, in case of a supply in the course of inter-State trade or commerce)

Details of Supplier

Name:
Address:

State:
PAN:

| Sr. No. | Description of Goods/ Services | HSN Code/Accounting code of services | Unit Price | Quantity | Total Value | Taxable Value | | |
|---------|--------------------------------|--------------------------------------|------------|----------|-------------|----------------------------------|-----|----|
| | | | | | | Sub-total | | |
| | | | | | | CGST | ..% | ** |
| | | | | | | SGST | ..% | ** |
| | | | | | | UTGST | ..% | ** |
| | | | | | | IGST | ..% | ** |
| | | | | | | Total | | |
| | | | | | | Invoice Total | | |
| | | | | | | Tax is Payable on Reverse Charge | | |
| | | | | | | For, <entity name> | | |
| | | | | | | Authorised Signatory | | |

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¹ 'a consecutive serial number not exceeding sixteen characters, in one or multiple series, containing alphabets or numerals or special characters hyphen or dash and slash symbolised as "-" and "/" respectively, and any combination thereof, unique for a financial year'