

Your Company Name Pvt Ltd

Address Line 1 City, State - 400001
Email: info@yourcompany.com | Phone: +91-9876543210
GST: 27AAAAA0000A1Z5

TAX INVOICE

Invoice Number: **INV-2025-0002** Invoice Date: **10-Dec-2025**
Due Date: **10-Dec-2025** Payment Method: **UPI**

BILL TO:

Company A

test

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Email: workingprojects2025@gmail.com

Phone: 321456987

#	Description	Qty	Rate	Amount
1	New License	1	₹847.46	₹847.46

Subtotal: ₹847.46

GST (18%): ₹152.54

Total Amount: ₹1,000.00

Notes:

Thank you for your business!

This is a computer-generated invoice. No signature required.

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