

# 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-2025-0001** Invoice Date: **12-Dec-2025**  
Due Date: **12-Dec-2025** Payment Method: **UPI**

### BILL TO:

Company A  
test  
Udhana Surat  
Email: siddiquiadi249@gmail.com  
Phone: 1234564569

#	Description	Qty	Rate	Amount
1	New License	1	Rs. 84.75	Rs. 84.75

Subtotal: Rs. 84.75  
GST (18%): Rs. 15.25

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**Total Amount:** **Rs. 100.00**

### Notes:

Thank you for your business!

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

Generated on 12-Dec-2025 11:54 PM