

# TAX INVOICE

Contractor Address:

GSTIN:

PAN:

Invoice No:

Invoice Date:

Terms: Due on Receipt

Place of Supply:

Taxable Value:

**Bill To:**

GSTIN:

**Ship To:**

GSTIN:

S.N o	Item & Description	HSN/SA C	Qt y	Taxable Value	CGST %	CGST Amt	SGST %	SGST Amt	Amou nt
1			1	0	9%	0	9%	0	0

## Payment Breakdown:

Total Collected: Rs. 0.0

Pending Amount: Rs. 0.0

Notes:

Authorized Signature: \_\_\_\_\_