

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.No	Item & Description	HSN/SAC	Qty	Taxable Value	CGST %	CGST Amt	SGST %	SGST Amt	Amount
1			1	0	9%	0	9%	0	0

Payment Breakdown:

Total Collected: Rs. 0.0
Pending Amount: Rs. 0.0

Notes:

Authorized Signature: _____