| |
|---|
| **Company Name:** |
| Address : |
| |
| City, State, Country: |
| ZIP Code: |
| Phone No.: |
| Email ID: |

# Tax Invoice

| **Bill To:** | **Invoice No.:** | |
|---|---|---|
| Name: | **Date:** | |
| Address: | | |
| | | |
| City, State, Country: | | |
| ZIP Code: | | |
| Contact No.: | | |

| # | Service name | HSN | QTY | Unit | Price/ Unit | Disc | Amount |
|---|---|---|---|---|---|---|---|
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| | | | | | | | |
| **Total** | | | | | | | |

| | | |
|---|---|---|
| | **Sub Total:** | |
| **Amount in words:** | Discount: | |
| | Tax Rate: | |
| | Tax Value: | |
| | **Total:** | |
| | Received | |
| | Balance | |
| Company seal and Sign | | |

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