CREDIT NOTE

[Company Name]
[Company Address]
[Tax Registration ID]

CREDIT NOTE #: _____
DATE: _____
ORIGINAL INVOICE #: _____

BILL TO:
[Customer Name]
[Customer Address]
[Customer Tax ID]

REASON FOR CREDIT:
[Select: Deficiency in Service / Billing Error / Cancellation]

Service Description	Original Rate	Credit Qty	Taxable Value

Subtotal: 0.00
Service Tax ([X]%): 0.00

Total Credit: 0.00

Authorized Signature: _____

Notes: This is a tax adjustment document. Please adjust your input tax credit records accordingly.