

TAX INVOICE

[Contractor Name / Business Name]

[Street Address]

[City, State, Zip Code]

[Email / Phone Number]

Tax ID / ABN: [Number]

Invoice No: [00000]

Date: [DD/MM/YYYY]

Due Date: [DD/MM/YYYY]

BILL TO:

[Client Name / Company]

[Client Street Address]

[City, State, Zip Code]

[Client Tax ID]

PAYMENT INSTRUCTIONS:

Bank: [Bank Name]

Account Name: [Name]

Account No: [Number]

BSB / SWIFT: [Number]

Description of Services	Quantity/Hours	Rate	Amount
[Service Item 1]	[0.00]	[\$0.00]	[\$0.00]
[Service Item 2]	[0.00]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax ([0] %): [\$0.00]

Total Due: [\$0.00]

NOTES:

Please include the invoice number as a reference for your payment. Thank you for your business.