

TAX INVOICE

[Vendor Name]
[Business Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Client Tax ID]

PAYMENT TERMS

[Method: Bank Transfer / Check / Credit]
[Instructions/Reference]

Description	Qty	Unit Price	Amount
[Service or Product Name]	0	0.00	0.00
[Service or Product Name]	0	0.00	0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Total: \$0.00

Notes: Please include invoice number in payment reference. Thank you for your business.