

TAX INVOICE

[Teacher Name / Music Studio Name]
[Business Address]
[Phone Number]
[Tax ID / ABN / EIN]

Invoice #: [0001]
Date: [Date]
Due Date: [Date]

BILL TO

[Student/Parent Name]
[Address Line 1]
[Address Line 2]

PAYMENT DETAILS

[Bank Name]
Account: [Number]
Ref: [Invoice Number]

DESCRIPTION	QTY / HRS	RATE	AMOUNT
[Instrument] Lesson - [Date]	[1.0]	[\$0.00]	[\$0.00]
Sheet Music / Materials	[1.0]	[\$0.00]	[\$0.00]
<hr/>			
Subtotal		[\$0.00]	
Tax		[\$0.00]	
Total Amount Due		[\$0.00]	

Notes: Please provide 24 hours notice for cancellations. Thank you for the opportunity to teach.