

# [FIRM NAME]

[Address Line 1]  
[Address Line 2]  
GSTIN: [GST Number]

## TAX INVOICE

**Invoice #:** [Inv-000]

**Date:** [Date]

**Place of Supply:** [State/Code]

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### BILL TO

**[Client Name]**  
[Client Address]  
[City, State, Zip]  
GSTIN: [Client GST Number]

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### PAYMENT TERMS

**Due Date:** [Date]  
**PAN:** [Firm PAN]  
**Bank:** [Bank Name]  
**A/C:** [Account Number]

Service Description	HSN/SAC	Rate	Qty/Hrs	Taxable Value
[Professional Service Name]	[9982]	[0.00]	[0]	[0.00]
[Consultancy/Audit Fee]	[9982]	[0.00]	[0]	[0.00]

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Taxable Amount: [0.00]  
CGST ([%]): [0.00]

SGST ([%]): [0.00]  
IGST ([%]): [0.00]  
Total (INR): [0.00]

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**Amount in Words:** [Currency Amount Only]

**Notes:** Please include invoice number with your bank transfer. Penalties may apply for late payment.

For [Firm Name]

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Authorized Signatory