Sample — placeholder details

## Your Business Name

Shop 12, Market Road, Pune, Maharashtra 411002
GSTIN: 27ABCDE1234F1Z5
Phone: 98xxxxxx10

# TAX INVOICE

Original for recipient

BILL TO

**Customer name**
Kothrud, Pune, Maharashtra
Phone: 97xxxxxx21

Invoice no. INV/2026-27/0142
Date 26-10-2026
Place of supply Maharashtra (27)

| # | ITEM | HSN | QTY | RATE | GST | AMOUNT |
|---|---|---|---|---|---|---|
| 1 | Cotton kurti (printed) | 6204 | 2 Nos | 899.00 | 5% | 1,798.00 |
| 2 | Double bedsheet with 2 pillow covers | 6302 | 1 Set | 1,250.00 | 5% | 1,250.00 |
| 3 | Steel lunch box, 3 tier | 7323 | 1 Nos | 450.00 | 5% | 450.00 |

Goods once sold can be exchanged within 7 days with the bill.
Thank you for shopping with us.

| | |
|---|---|
| Taxable value | 3,498.00 |
| CGST 2.5% + SGST 2.5% | 174.90 |
| Round off | 0.10 |
| **Total** | **₹3,673.00** |

For Your Business Name — Authorised signatory

Free template from Zap Invoice. Fill it online: zapinvoice.in/formats/bill-format

Blank format — print and fill in

YOUR BUSINESS NAME, ADDRESS, GSTIN

# TAX INVOICE

Original for recipient

BILL TO

Invoice no. _____
Date _____
Place of supply _____

| # | ITEM | HSN | QTY | RATE | GST | AMOUNT |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

NOTES / TERMS

Taxable value
CGST
SGST

**Total**

Signature

Free template from Zap Invoice. Fill it online: zapinvoice.in/formats/bill-format