

NAME OF COMPANY

CIN:....., LL NO....., FAX NO: .....

EMAIL-ID:....., Website: .....

Sample Tax Invoice (GST INV-1)

Supply of Services

Original for Recipient
Duplicate for transporter
Triplicate for supplier

GSTIN :  
Name:  
Address

Invoice No.  
Date :

Details of Receiver (Billed to)	
Name :	
Address :	
State :	
State Code:	
GSTIN	
CIN	

Details of Consignee (Shipped to)	
Name :	
Address :	
State :	1
State Code:	
GSTIN	
Unique ID	

Place of Supply with name of State (in case of Inter State)	
Place of Delivery (where the same is different from the place of supply)	

Service Accounting Code(SAC)	Description of Service provided	Amount
		0
		0
		0
		0
		0
		0
		0
		0
		0
<b>Total value of Services</b>		<b>0</b>
Discount		0.00%
<b>Total taxable Value of Services</b>		<b>0</b>
SGST		14.00%
CGST		14.00%
IGST		0.00%
<b>Total Bill Value</b>		<b>0</b>
Less : Deduction if any.		
<b>Net Payable Amount</b>		<b>0</b>

Whether the Tax is payable on Reverse Charge :

Declaration.....

Signature or Digital Signature of  
Designation