

Tax Invoice

Sole Proprietor Name:

Invoice No:

Business Address: _____

Date: ____/____/____

Contact Number: _____

Due Date: ____/____/____

Email: _____

Bill To:

#	Description	Quantity	Unit Price	Amount
1	_____	____	____	____
2	_____	____	____	____

Subtotal	_____
Tax (%)	_____
Total Amount	_____

Payment Instructions:

*Thank you for your business!
Please retain this tax invoice for your records.*