GST BILL

BUSINESS NAME
Your business name

ADDRESS
Your address, city, PIN

GSTIN
Your 15 character GSTIN

STATE AND CODE
Maharashtra (27)

PHONE AND EMAIL
Your phone, your email

BILL TO
Customer name

ADDRESS
Customer address, city, PIN

GSTIN
Customer GSTIN, if registered

PLACE OF SUPPLY
State name (code)

REVERSE CHARGE
No

INVOICE NUMBER
INV/2026-27/0001

INVOICE DATE
DD-MM-YYYY

DUE DATE
DD-MM-YYYY

Supply type: tick one. Intra-state, so CGST and SGST apply. / Inter-state, so IGST applies. Never fill in all three. GST rate for this bill: ..... %

#	Description of goods or services	HSN/SAC	Qty	Rate	Taxable value
1					
2					
3					
4					
5					
6					
7					
8					
				Total taxable value	
				CGST	
				SGST	
				IGST	
				Round off	
				Grand total	

Amount in words Rupees ..... only

Bank / UPI Account name, account number, IFSC, UPI ID

For your business name

Authorised signatory

Fields on this bill follow Rule 46 of the CGST Rules. Charge CGST and SGST when the place of supply is in your own state, and IGST when it is in another state or union territory. In a union territory without a legislature the state half is UTGST.