TAX INVOICE - PROFESSIONAL SERVICES

Service Provider

Business Name	[Trading Name]	**ABN**	[XX XXX XXX XXX]
Address	[Street, Suburb, State, Postcode]	**Phone**	[+61 ...]
Email	[email@business.com.au]	**GST Registered**	[Yes / No]

Bill To

Customer Name	[Customer / Company]	**ABN (if $1,000+)**	[XX XXX XXX XXX]
Address	[Street, Suburb, State, Postcode]	**Contact**	[Email / Phone]

Invoice Details

Invoice Number	[INV-0001]	**Issue Date**	[DD/MM/YYYY]
Due Date	[DD/MM/YYYY]	**Payment Terms**	[Net 7 / 14 / 30]

Engagement Details

Matter / Project	[Project name or matter ref]	**Period Covered**	[DD/MM/YYYY - DD/MM/YYYY]
Engagement Letter	[Reference number]	**Practitioner**	[Name]

Time-Based Billing

Date	Description of Work	Hours	Rate	Amount
[DD/MM]	[Activity / deliverable]	[0.0]	[$0.00]	[$0.00]
[DD/MM]	[Activity / deliverable]	[0.0]	[$0.00]	[$0.00]
[DD/MM]	[Activity / deliverable]	[0.0]	[$0.00]	[$0.00]
[DD/MM]	[Activity / deliverable]	[0.0]	[$0.00]	[$0.00]
[DD/MM]	[Activity / deliverable]	[0.0]	[$0.00]	[$0.00]

Subtotal (excl. GST)	[$0.00]
GST 10%	[$0.00]
Total Amount Payable	**[$0.00]**

Payment Details

Bank	[Bank Name]	**Account Name**	[Account Holder]
BSB	[XXX-XXX]	**Account Number**	[XXXXXXXX]
PayID	[Email / ABN]	**Reference**	[Invoice Number]

Retainer / Trust Notes

[Note retainer balance applied, trust account references, scope variations, or disbursements. Issue within 28 days if requested by the client per ATO rules.]