

(Name of the Company)

(Address)

(Address2)

(TAX ID)

(Sale date)

(Print Number)

FISCAL RECEIPT

	Qty	U.Price	Value
( Name of the service / good)			
( Name of the service / good)			
( Name of the service / good)			

TAXED SLAE \_\_:

TAXED SLAE \_\_:

AMOUNT TAX B \_\_%

AMOUNT TAX C \_\_%

TOTAL TAX AMOUNT

**TOTAL:**

**PLN** \_\_\_\_\_  
(Gross)

.....

**TO PAY:**

\_\_\_\_\_

PAID BY

\_\_\_\_\_ (Card/Cash)

\_\_\_\_\_

.....

\_\_\_\_\_  
(Unique cash register number)

TRANSACTION NUMBER:

\_\_\_\_\_