

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 08/31/2024

**SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT**

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID H080548	EMPLOYER NAME PAYCHEX INC			
ADDRESS 911 PANORAMA TRAIL SOUTH	CITY/TOWN ROCHESTER	STATE NY	ZIP CODE 14625	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
161124166**

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [Not Applicable](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[541214 - Payroll Services](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	10	8	147	1	11	0	0	5	85	5	1	0	0	2	275
First/Mid-Level Officials and Managers	54	66	641	40	25	0	1	16	794	76	20	4	3	33	1773
Professionals	97	176	1439	83	146	2	6	31	1771	192	140	7	3	51	4144
Technicians	4	0	14	2	1	0	1	0	4	0	1	0	0	0	27
Sales Workers	201	152	1455	111	35	4	5	71	1101	50	32	5	0	45	3267
Administrative Support Workers	198	554	967	229	36	2	8	63	2743	1048	122	13	31	203	6217
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	6	33	28	5	5	0	0	2	40	18	6	0	0	1	144
Service Workers	0	2	2	0	0	0	0	0	6	4	0	0	0	0	14
CURRENT 2022 REPORTING YEAR TOTAL	570	991	4693	471	259	8	21	188	6544	1393	322	29	37	335	15861
PRIOR 2021 REPORTING YEAR TOTAL	480	887	4643	374	242	10	18	184	6393	1086	286	21	31	288	14943

**SECTION I – WORKFORCE SNAPSHOT PERIOD
12/10/2022 - 12/23/2022**

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
H080548

EMPLOYER NAME
PAYCHEX INC

ADDRESS

911 PANORAMA TRAIL SOUTH

CITY/TOWN

ROCHESTER

STATE

NY

ZIP CODE

14625

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

11/21/2023 10:37 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Cynthia Gladden

Title of Certifying Official

HR Compliance Manager

Email Address of Certifying Official

cgladden@paychex.com

Telephone Number of Certifying Official

585-387-6200

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Debbie Vershay

Title and Employer of Primary POC

Sr HR Analyst
Paychex Inc

Email Address of Primary POC

dvershay@paychex.com

Telephone Number of Primary POC

585-387-6232