

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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	5	3	122	4	6	0	1	3	48	2	4	0	0	0	198
First/Mid-Level Officials and Managers	54	72	685	44	28	0	0	15	780	67	25	2	3	31	1806
Professionals	103	199	1489	100	176	2	6	31	1807	196	161	6	5	73	4354
Technicians	4	0	10	3	0	0	1	0	4	1	1	0	0	0	24
Sales Workers	217	133	1391	132	43	7	4	81	990	57	41	3	3	40	3142
Administrative Support Workers	177	467	823	194	36	2	8	52	2200	827	94	10	19	163	5072
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	560	874	4520	477	289	11	20	182	5829	1150	326	21	30	307	14596
PRIOR 2023 REPORTING YEAR TOTAL	598	983	4742	489	297	12	24	188	6313	1320	339	30	36	346	15717
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/7/2024 - 12/20/2024															
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>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 6/20/2025 12:30 PM [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		