

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 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

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	7	3	95	3	9	0	0	3	38	2	1	0	0	0	161
First/Mid-Level Officials and Managers	58	83	735	42	32	0	1	21	837	89	25	5	3	33	1964
Professionals	101	199	1510	100	177	2	5	32	1848	206	167	9	6	72	4434
Technicians	4	0	11	3	0	0	1	0	4	1	1	0	0	0	25
Sales Workers	214	152	1454	110	36	8	7	73	1055	55	37	4	1	53	3259
Administrative Support Workers	214	546	937	231	43	2	10	59	2531	967	108	12	26	188	5874
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 2023 REPORTING YEAR TOTAL	598	983	4742	489	297	12	24	188	6313	1320	339	30	36	346	15717
PRIOR 2022 REPORTING YEAR TOTAL	570	991	4693	471	259	8	21	188	6544	1393	322	29	37	335	15861

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/9/2023 - 12/22/2023

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

5/29/2024 8:05 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