

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

EEOC Standard Form 10(SF 100)  
Revised 08/2023  
OMB Control Number: 3046-049  
Expiration Date:

SECTION A – TYPE OF REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFSCOMPANYID

EMPLOYERNAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION C – HEADQUARTERS

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**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"*

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EEOC Standard Form 100 (SF 100)  
 Revised 08/2023  
 C.02ET T-4.5 (Rev. 05-17-06) 56 92 T0 / P 7 8 w 1.0

		CITY/TOWN	STATE	ZIP CODE
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
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