EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION A - TYPE OF REPORT CONSOLIDATED REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME N524003 INTUIT INC. ADDRESS CITY/TOWN STATE ZIP CODE 2535 GARCIA AVENUE **MOUNTAIN VIEW** 94043 CA 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) 77003466 SECTION E - EMPLOYER FILING ELIGIBILITY X 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 513210 - Software Publishers SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Not Hispanic or Latino Hispanic or Latino Male Female Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American African American Native Hawaiian Row JOB CATEGORIES Black or Female More Total White Asian White Asian Male **Two or** Executive/Senior Level Officials and Managers 147 56 28 0 272 First/Mid-Level Officials and Managers 76 669 119 218 2234 Professionals 371 363 1871 283 1619 10 7 138 2054 552 1400 10 17 150 8845 Technicians 0 Sales Workers 62 26 185 38 13 3 8 102 24 9 2 6 10 489 Administrative Support Workers 147 174 412 394 60 31 1107 150 15 18 106 3477 Craft Workers 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Operatives Laborers and Helpers 0 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 **CURRENT 2022 REPORTING YEAR TOTAL** 664 3184 29 43 892 558 2001 21 21 209 3967 1551 1789 300 15229

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/18/2022 - 12/31/2022

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

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME N524003 INTUIT INC. CITY/TOWN ADDRESS STATE ZIP CODE 2535 GARCIA AVENUE **MOUNTAIN VIEW** CA 94043

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 11/30/2023 6:11 PM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
MARC FERNANDEZ	ASST GENERAL COUNSEL HR LEGAL
Email Address of Certifying Official	Telephone Number of Certifying Official
MARC_FERNANDEZ@INTUIT.COM	650-944-3202
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
MARC FERNANDEZ	ASST GENERAL COUNSEL HR LEGAL
	INTUIT INC.
Email Address of Primary POC	Telephone Number of Primary POC
MARC_FERNANDEZ@INTUIT.COM	650-944-3202

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	ATIO	N REI	ORT (EEO-1	COM	PONE	NT 1)					ation Dat		
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SE	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	ΓΙΟΝ (i	if applic	able)					
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Executive/Senior Level Officials and Managers	0	0	32	0	19	0	0	1	24	2	10	0	0	3	91
First/Mid-Level Officials and Managers	19	24	155	12	164	1	1	10	131	9	135	0	1	5	667
Professionals Technicians	87 2	56 1	333	51 2	983	0	0	31 0	283 1	38 0	873 0	0	0	32 0	2770 9
Sales Workers	42	22	124	28	6	1	1	4	76	16	6	1	5	9	341
Administrative Support Workers	1	31	6	2	1	0	0	1	59	13	20	1	0	3	138
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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 2022 REPORTING YEAR TOTAL	151	134	652	95	1174	3	3	47	574	78	1044	3	6	52	4016
PRIOR 2021 REPORTING YEAR TOTAL	81	84	450	40	1017	2	2	29	403	46	826	1	2	32	3015

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

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

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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	15	0	0	0	0	0	11	1	0	0	0	0	28
Professionals	9	8	87	1	9	0	0	1	75	9	5	0	0	4	208
Technicians Salas Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers Administrative Support Workers	7	0 12	3 27	0 8	2	0	0	0	73	0 28	6	1	0	10	6 175
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 2022 REPORTING YEAR TOTAL	. 18	21	132	9	11	0	1	1	161	38	11	1	0	15	419
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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First/Mid-Level Officials and Managers	0	0	5	2	0	0	0	0	2	0	0	0	0	0	4 12
Professionals Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 2022 REPORTING YEAR TOTAL	L 1	0	7	2	0	0	0	0	5	0	1	0	0	0	16
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PRIOR 2021 REPORTING YEAR TOTA	L 1	0	6	1	0	0	0	0	4	0	1	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

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SECTION C - I	IEADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (if	fapplica	able)			
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P517522							In	tuit Inc.							
HEADQUARTERS OR ESTABLISH	MENT-LEV	/EL ADI	DRESS				CI	TY/TOW	/N			STATE		ZIP CC	DE
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		SECTION	ON E -			FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligib	le to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to Fi	ile)	EMPL	OYER	NO LON	NGER I	IN BUS	INESS		
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Executive/Senior Level Officials and Managers	1	0	3	0	3	0	0	0	0	0	0	0	0	0	7
First/Mid-Level Officials and Managers	4	1	33	5	8	0	1	0	18	6	5	0	0	0	81
Professionals	18	13	111	15	92	0	0	5	67	20	55	0	2	1	399
Technicians	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Sales Workers	11	3	43	10	4	2	0	1	20	4	1	1	1	0	101
Administrative Support Workers Craft Workers	0	10 0	21 0	7	0	0	0	0	20 0	11 0	6	0	0	0	80 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 2022 REPORTING YEAR TOTA	_ 37	27	211	37	109	2	1	6	125	41	67	2	3	1	669

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

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EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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2535 GARCIA	AVENU	E					MOUI	NTAIN	VIEW			CA		9404	13
SECTION C - H	EADOU	JARTEI	RS OR	ESTAB	LISHN	1ENT-L	EVEL	IDENT	IFICA	ΓΙΟΝ (if	fapplica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	STABLIS	HMENT	-LEVEL	NAME	,			
P001391							In	tuit Inc.							
HEADQUARTERS OR ESTABLISHN	IENT-LEV	/EL.ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
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				_		Native Hawaiian or Other Pacific Islander	ō	or More Races		⊑		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Sac	Row
JOB CATEGORIES	a a	<u>e</u>	Q.	ck or Afric American	u	/aii	ndi Iati	e.	ø	Black or an Amer	⊆	/aii	ndi Iati	ė	Total
	Male	Female	White	or 4	Asian	law :ific	ın lı	/or	White	Ar	Asian	ii a	lu la	ē	
	=	P.	>	l ¥ kc	V	е Н	ica	r.	>	Bla	⋖	Pac H	ica	_	
				lac /		tiv	ner Ala	00		fric		er E	ner Ala	õ	
				ш		Na Et	Ar	Two		⋖		윤동	Αr	≥	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	4	7	17 25	0	2	0	0	4	25 27	2	2	0	2	1	51 76
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	20	46	48	5	4	0	3	4	121	10	10	3	5	9	288
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 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 2022 REPORTING YEAR TOTAL	_ 26	54	91	5	6	0	4	9	173	12	14	3	7	12	416
PRIOR 2021 REPORTING YEAR TOTAL	23	44	84	7	8	0	4	8	183	22	14	2	8	12	419

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

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2022 EMPLOYER IN	FORM	ATIO	N REI	ORT (	EEO-1	I COM	PONE	NT 1)					ation Dat		
						E <b>OF RI</b> NT REF									
	A AVENUE    MOUNTAIN VIEW   CA   SE														
OFS COMPANY ID															
N524003							INT	UIT IN	C.						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CC	DE
2535 GARCIA A	VENU	E					MOUI	NTAIN	VIEW			CA		9404	13
SECTION C - HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID												,			
FN62143							In	tuit Inc.							
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
22 FOURTH STREET, SUI														9410	
				OVED	IDENT	EXEC A				`					
				7	770034	661									
		_			_										
											NGER I	N BUS	NESS		
SEC	CTION							TION (i	f applic	able)					
_			-												
☐ YES (Single-Establishm	ent Emp	loyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadquai	rters is l	Federal	Contrac	tor)	YES (N	on-Head	dquarters	s Establ	ishment	is Feder	al Contr	actor)		
_ `	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION														
	☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)  SECTION G − NAICS INFORMATION														
		5						IN							
	SE	CTION						IIC DA	TA						
							Race/E	thnicity	/						
							Not	Hispan	ic or L	atino					
	or La	atino			M	ale	1				Fen	nale	1		
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JOB CATEGORIES		•		rica		iiar sla	liar tive	Ra		ric		iiar sla	liar tive	Ra	Row
	<u>e</u>	ale	ite	Africa	an	wai	Inc Na	re	ite	k o me	an	wai	Inc Na	<u>e</u>	Total
	Ma	em	۸	or	Asi	Ha	an ka	Mc	۸	lac n A	Asi	Ha	an ka	Ĕ	
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				Big		ati her	A	wo		Afr		ati her	M A	8	
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Executive/Senior Level Officials and Managers	0	n	5	0	0	0	0	0	1	0	0	0	0	0	6
First/Mid-Level Officials and Managers	1	4	28	1	6	0	0	0	20	1	4	0	0	1	66
Professionals	5	6	35	3	21	2	0	2	35	6	32	0	0	8	155
Technicians	0	0	0	0	2	0	0	0	0	1	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10 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 2022 REPORTING YEAR TOTAL	7	12	69	4	32	2	0	2	56	9	38	0	0	9	240

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

NA

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

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				TON A											
			E	STABLI	SHME	NT REP	ORT								
		SECT	TON E	<b>– EMP</b>	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
N524003							INT	UIT IN	C.						
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2535 GARCIA	AVENU	E					MOUI	NTAIN '	VIEW			CA		9404	13
SECTION C - H	EADOL	IARTEI	RS OR	ESTAB	LISHN	/ENT-I	EVEL	IDENT	IFICA'	TION (it	f annlica	ible)	l l		
HQ/ESTABLISHMENT-LEVEL UNIT ID	Lilbye	/11K12/	ub OII	LOTITE	HEADQ	UARTE	RS OR ES	STABLIS	HMEN	Γ-LEVEL	NAME	1010)			
JT15235							In	tuit Inc.							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
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	SECTI	ON D -	EMPI	LOYER	IDENT		TION N	UMBE	R (EIN	)			I		
		SECTIO	ON E -	EMPL			ELIGI	BILITY	Y						
X YES (Employer Is Eligible										NO LO	NGER I	IN BUS	INESS		
SE	CTION							TION (i	f applic	able)					
			_	tity ID (											
☐ <b>YES</b> (Single-Establish	nent Emp	oloyer is	Federa	l Contrac	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (	Headqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	dquarters	s Establ	ishment	is Feder	al Contr	actor)		
	1							_		s Federa			,		
				ON G - N		_			ments i	3 I cacia	i Contro	actor)			
		Э.		3210 - S				11							
	SE	ECTION		VORKF				IIC DA	TA						
							Race/E	thnicity	/						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				1	Fen	nale			
						ē	_	S				e r	_	s	
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Bow
JOB CATEGORIES		Φ		Black or African American	_	ajja Isle	dia ativ	R		or eric	_	Native Hawaiian Other Pacific Islan	nerican Indian Alaska Native	ž	Row Total
	Male	Female	White	ck or Afric American	Asian	fic %	i N	ore	White	Black or	Asian	ic &	ΞŽ	ore	I Otal
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	5	0	1	0	0	0	6	0	0	0	0	0	13
Professionals	5	0	8	2	11	0	0	1	9	2	14	0	0	0	52
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
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 2022 REPORTING YEAR TOTAL	5	2	13	2	12	0	0	1	15	2	14	0	0	0	66

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

NA

EEOC Standard Form 100 (SF 100) Revised 08/2023

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2022 EMPLOYER IN	FORM	ATIO	N REI	PORT (	EEO-1	1 COM	PONE	NT 1)					ontrol Nu ation Dat		
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OFS COMPANY ID		SECI	TON B	<u> – EMP</u>	LOYE	R IDEN		OYER N	AME						
N524003								UIT IN							
											-		-		
ADDRESS		_						TY/TOW				STATE		ZIP CO	
2535 GARCIA								NTAIN '				CA		9404	13
SECTION C – H	EADQU	ARTE	RS OR			<u>IENT-L</u> UARTEI						ıble)			
KS58627					пеарс	UAKIE				-LEVEL	NAME				
								tuit Inc.							
HEADQUARTERS OR ESTABLISHM								TY/TOW				STATE		ZIP CO	
675 PONCE DE LEC	N AVEN	NUE NE					A	TLANT	Α			GA		3030	)8
	SECTI	ON D -	- EMPI		IDENT	TIFICAT 661	TION N	UMBE	R (EIN	)					
		-	-		-	FILING									
X YES (Employer Is Eligib											NGER I	N BUS	NESS		
SE	CTION							ΓΙΟΝ (i	if applic	able)					
	_		_	-		Not App			_						
☐ YES (Single-Establish	-	-													
☐ YES (	Headqua	rters is l	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	al Contr	actor)		
		□ Y	ES (O	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)			
		S				INFOR		N							
	CE	CTION				re Publi DEMO		IIC DA'	ТА						
	31	CHO	111 - V	VOKKI	OKCE		Race/E								
	Hisr	anic						Hispan	<u>,                                      </u>	atino					
		atino			М	ale					Fen	nale			
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				<b>u</b>		Native Hawaiian or Other Pacific Islander	p t	Two or More Races		Ę		Native Hawaiian or Other Pacific Islande	p	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Xther Pacific Islande	American Indian or Alaska Native	Rac		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Rac	Row
002 0/11 200 HIZO	<u>o</u>	Female	<u>te</u>	ck or Afric American	an	wai ic Is	Ind Nai	re	ţe	Black or an Amer	an	wai ic Is	Ind Nai	ē	Total
	Male	em	White	or	Asian	Hay	an	Mo	White	lacl n A	Asian	Ha	an	§	
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Executive/Senior Level Officials and Managers	0	0	2	2	0	0	0	3	1	0	0	0	0	0	8
First/Mid-Level Officials and Managers	14	11	89	16	15	0	0	6	101	29	9	0	0	3	293
Professionals	33	25	203	61	43	1	0	11	174	66	54	0	0	19	690
Technicians	0	1	1	3	0	0	0	0	0	0	0	0	0	0	5
Sales Workers Administrative Support Workers	6 10	1 5	9 26	0 10	2	0	0	3	4 18	4 17	6	1	0	0	30 99
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 2022 REPORTING YEAR TOTAL	63	43	330	92	61	1	0	27	298	116	71	1	0	22	1125

SECTION I – WORKFORCE SNAPSHOT PERIOD

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12/18/2022 - 12/31/2022

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

NA

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

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2022 EMPLOYER IN	FORM	AHO	NKEI	OKI (	EEO-	COM	PONE.	N1 1)							
	SECTION A - TYPE OF REPORT   ESTABLISHMENT REPORT   SECTION B - EMPLOYER IDENTIFICATION   EMPLOYER NAME   INTUIT INC.														
OFS COMPANY ID							EMPL	OYER N	AME						
N524003							INT	UIT IN	С.						
ADDRESS					I		CI	TY/TOW	/N			STATE		ZIPCO	DF
	\\/ <b>⊏</b> NII II	_													
														9404	S
	EADQU	ARTE	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME				
HY50935							In	tuit Inc.							
HEADQUARTERS OR ESTABLISHME							CI	TY/TOW	/N			STATE		ZIP CO	DE
21650 OXNARD STRE	ET, SU	ITE 220	00				WOOD	DLAND	HILLS			CA		9136	57
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)					
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	Not Elig	ible to F	ile)	EMPLO	OYER I	NO LON	NGER I	N BUS	INESS		
SEC	CTION							ΓΙΟΝ (i	f applic	able)					
_			_	-											
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Aulti-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarter	s Establ	ishment	is Feder	al Contr	actor)		
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	CE	CTION						HC DA	ТА						
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	Hisp	anic								atino					
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JOB CATEGORIES	Male	-emale	White	κ or African merican	Asian	Hawaiian or acific Islander	can Indian or ska Native	. More Races	White	lack or in American	Asian	Hawaiian or acific Islander	can Indian or ska Native	. More Races	Row Total
		_		Blacl A		Native Other P	Ameri Alas	Тwо ол		B Africa		Native Other P	Ameri Alas	Тwо ол	
- · · · · · · · · · · · · · · · · · · ·															
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	SECTION B - EMPLOYER IDENTIFICATION  SECTION B - EMPLOYER IDENTIFICATION  SECTION B - EMPLOYER IDENTIFICATION  STATE   ZIP CODE    CA 94043  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME   Intuit Inc.  SECTION B - EMPLOYER IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME   Intuit Inc.  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  770034661  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  770034661  SECTION E - EMPLOYER FILING ELIGIBILITY  gible 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  ishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)  SECTION G - NAICS INFORMATION  513210 - Software Publishers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Hispanic   Not Hispanic or Latino    or Latino   Male   Female    Hispanic   O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
Professionals	SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME INTUIT INC.  SSS  CITY/TOWN  CA 94043  - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Intuit Inc.  SHMENT-LEVEL ADDRESS  CITY/TOWN  STATE  Intuit Inc.  SHMENT-LEVEL ADDRESS  CITY/TOWN  STATE  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  770034661  SECTION E - EMPLOYER FILING ELIGIBILITY  igible 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  Unique Entity ID (UEI): Not Applicable  Unique Entity ID (UEI): Not Applicable  SECTION G - NAICS INFORMATION  SI3210 - Software Publishers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  RECE/Ethnicity  Not Hispanic  Or Latino  Male  RESOLUTION  PRESOLUTION  Not Hispanic or Latino  OR LATION  Not Hispanic or Latino  Not Hispanic or Latino  OR LATION  Not Hispanic or Latino  Not Hispanic or Latino  OR LATION  NOT HISPANIC IN LATION												191		
Technicians	SECTION B - EMPLOYER IDENTIFICATION  SECTION B - EMPLOYER IDENTIFICATION  EMPLOYER NAME INTUIT INC.  SSS  CITY/TOWN  FEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)  HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Intuit Inc.  SHIMENT-LEVEL ADDRESS  CITY/TOWN  STATE  FIRST  CITY/TOWN  STATE  CITY/TOWN  STATE  SECTION B - EMPLOYER IDENTIFICATION NUMBER (EIN)  770034661  SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)  770034661  SECTION E - EMPLOYER FILING ELIGIBILITY  igible 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)  Unique Entity ID (UEI): Not Applicable)  SECTION G - NAICS INFORMATION  513210 - Software Publishers  SECTION H - WORKFORCE DEMOGRAPHIC DATA  Race/Ethnicity  Not Hispanic  or Latino  Male  Female  Race/Ethnicity  Not Hispanic  Or Latino  Male  Female  Race/Ethnicity  Not Hispanic or Latino  Or Latino  Male  Female  Female											1			
Sales Workers													0		0
Administrative Support Workers															96
Craft Workers 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 2022 REPORTING YEAR TOTAL	32	32	62	6	78	0	0	5	48	14	44	0	1	4	326

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

NA

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

				`				,				Expir	ration Dat	e: 08/31/	/2024
OFS COMPANY ID		SECT	TON E	<u> – EMP</u>	LOYE	R IDEN			AME						
N524003															
					_							OT LTD	1	TID CC	DE.
		_												ZIP CO	
														9404	43
SECTION C -	HEADQU	JARTE	RS OR	ESTAB	BLISHN	AENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				I-LEVEL	NAME				
KS58772															
			DRESS									STATE		ZIP CO	
245 LIVINGST	ON STRE	ET					BR	OOKL	YN			NY		1121	17
	SECTI	ON D -	EMPI				TION N	UMBE	R (EIN	)	•		•		
				EMPL	OYER	FILING									
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S	ECTION							ΓΙΟΝ (i	if applic	able)					
<b>—</b>															
☐ YES (Single-Establish	nment Emp	oloyer is	Federa	l Contra	ctor)	YES (	Multi-Es	tablishm	nent Em	ployer is	Federa	l Contra	ctor)		
☐ YES	(Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Head	lquarter	s Establ	ishment	is Feder	ral Contr	ractor)		
		Пу	ES (O	ne or Mo	ore Non	-Headau	arters F	stablish	ments i	s Federa	l Contra	actor)			
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	SE	ECTION	V H – V	VORKF	ORCE	DEMO	GRAPI	IIC DA	TA						
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JOB CATEGORIES				⊒ يَ		iiar sla	diar	Ra		r		iiar sla	li j	Ra	Row
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	6	1	1	0	0	1	8	0	3	0	0	0	22
Professionals	2	1	13	3	10	0	0	2	12	3	7	0	0	1	54
Technicians	NC - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)   HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)   HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME   Intuit Inc.     SELISHMENT-LEVEL ADDRESS   CITY/TOWN   STATE   ZIT     SELISHMENT-LEVEL ADDRESS   CITY/TOWN   STATE   ZIT     SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)   T70034661     SECTION E - EMPLOYER FILING ELIGIBILITY     SE 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 (UED): Not Applicable     Stablishment Employer is Federal Contractor)   YES (Multi-Establishment Employer is Federal Contractor)   YES (Multi-Establishment is Federal Contractor)   YES (Headquarters is Federal Contractor)   YES (Multi-Establishment is Federal Contractor)   YES (One or More Non-Headquarters Establishment is Federal Contractor)   SECTION G - NAICS INFORMATION   S13210 - Software Publishers		0	0											
Sales Workers Administrative Support Workers														0	0
Craft Workers						_								0	0
Operatives							_							0	0
Laborers and Helpers						_								0	0
Service Workers				0	0	0	0		0		0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTA	<b>L</b> 3	2	19	4	11	0	0	3	20	3	10	0	0	1	76
PRIOR 2021 REPORTING YEAR TOTAL	L 5	1	21	5	8	0	0	3	27	5	12	0	0	2	89

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER IN	FORM	ATIO	N KEI	OKT (	EEO-J	I COM	PONE	NT 1)					ontrol Nui ation Dat		
			SECT	TON A	– TYPI	E OF RI	EPORT				1				
			ES	STABLI	SHME	NT REP	ORT								
		SECT	TON R	3 – EMP	IOVE	D IDEN	TIFICA	TION							
OFS COMPANY ID		SECI	ION D	- ENIF	LUIE	KIDEN		OYER N	AME						
N524003								UIT IN							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2535 GARCIA	<b>AVENU</b>	E					MOU	NIATA	VIEW			CA		9404	3
SECTION C - H	E <b>ADQU</b>	JARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	-LEVEL	NAME				
R194535							In	tuit Inc.							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADE	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DE
7535 TORREY SAN	TA FE I	ROAD					SA	N DIE	GO			CA		9213	0
	SECTI	ON D -	ЕМРІ	LOYER	IDENT	TIFICA'	TION N	UMRE	R (EIN	)	1				
	SECTI	OND	LIVII I		770034		110111	CMIDE	K (LII)	,					
		SECTIO	ON E –	EMPL	OYER :	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□ NO	(Emple	oyer Is N	lot Eligi	ible to F	ile) 🔲	EMPLO	OYER I	NO LO	NGER I	IN BUS	INESS		
SE	CTION	F-FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	ΓΙΟΝ (i	f applic	able)					
				tity ID (				(	11	,					
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)		
☐ YES (I	•	•								. •					
L IES (I	ieauquai							-					actor)		
				ne or Mo					ments is	s Federa	l Contra	actor)			
		S		ON G - N 3210 - S				N							
	SE	ECTION		VORKE				HC DA	TA						
	T ==						Race/E								
	Hisp	anic						Hispan	,	atino					
		atino			М			ора							
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JOB CATEGORIES				an			ın or /e	aces		can	Fen		ın or /e	aces	Pow
OOD OATEOORIEG		Φ		rican an	_		dian or ative	Races		or erican			dian or ative	Races	Row Total
OD OATEGORIEG	ale	nale	iite	. African rican	ian		Indian or Native	ore Races	iite	k or American			Indian or Native	ore Races	Row Total
OD CATEGORIES	Male	emale	White	or African nerican	Asian		an Indian or ka Native	More Races	White	lack or n American			an Indian or ka Native	More Races	-
OOD OATEOONIES	Male	Female	White	ck or African American	Asian		rican Indian or aska Native	or More Races	White	Black or can American	Asian		rican Indian or aska Native	or More Races	-
SOD SATESONIES	Male	Female	White	Slack or African American	Asian		nerican Indian or Alaska Native	vo or More Races	White	Black or frican American			nerican Indian or Alaska Native	vo or More Races	-
SOD SATEGORIES	Male	Female	White	Black or African American	Asian		American Indian or Alaska Native	Two or More Races	White	Black or African American			American Indian or Alaska Native	Two or More Races	-
	Male	Female	White	Black or African American	Asian	_	American Indian or Alaska Native	Two or More Races	White	Black or African American		or der	American Indian or Alaska Native	Two or More Races	-
Executive/Senior Level Officials and Managers	2	0	14	2	5	Other Pacific Islander	American Indian Alaska Native	2	7	0	Asian	Other Pacific Islander	American Indian Alaska Native	0	Total 33
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2 22	0 31	14 258	2 13	5 65	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	2 7	7 307	0 69	Asian 4	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	0	<b>Total</b> 33  852
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals	2 22 169	0 31 213	14 258 888	2 13 131	5 65 374	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	2 7 69	7 307 1278	0 69 386	1 54 310	Native Hawaiian or Other Pacific Islander	American Indian Alaska Native	0 17 77	33 852 3927
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians	2 22 169 0	0 31 213 0	14 258 888 1	2 13 131 0	5 65 374 2	Other Pacific Islander	O O O O O O O O O O O O O O O O O O O	2 7 69 0	7 307 1278 0	0 69 386 0	4 Asian	Native Hawaiian or Other Pacific Islander	American Indian Date of the state of the sta	0 17 77 0	33 852 3927 4
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	2 22 169 0	0 31 213 0	14 258 888 1 6	2 13 131 0	5 65 374 2	Other Pacific Islander	O O O O O O O O O O O O O O O O O O O	2 7 69 0	7 307 1278 0	0 69 386 0	<b>Variation</b> 1 54 310 1 0	Native Hawaiian or	American Indian 0 0 0 Alaska Native	0 17 77 0	33 852 3927 4 8
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians	2 22 169 0	0 31 213 0	14 258 888 1	2 13 131 0	5 65 374 2	Other Pacific Islander	O O O O O O O O O O O O O O O O O O O	2 7 69 0	7 307 1278 0	0 69 386 0	4 Asian	Native Hawaiian or Other Pacific Islander	American Indian Date of the state of the sta	0 17 77 0	33 852 3927 4

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2023

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

NA

Laborers and Helpers

**CURRENT 2022 REPORTING YEAR TOTAL** 

PRIOR 2021 REPORTING YEAR TOTAL

Service Workers

EEOC Standard Form 100 (SF 100) Revised 08/2023

695

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
				TON A							ı					
				STABLI												
OFC COMPANY ID		SECT	TON B	– EMP	LOYE	R IDEN			AME							
OFS COMPANY ID	EMPLOYER NAME INTUIT INC.															
N524003							INI	UII INC	J.							
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE	
2535 GARCIA	AVENU	E					MOU	NTAIN '	VIEW			CA		9404	3	
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	IENT-L	EVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL		•				
R194562							In	tuit Inc.								
HEADQUARTERS OR ESTABLISHM	FNT-I FX	/FL ADI	RESS				CI	TY/TOW	/N			STATE		ZIP CO	DF	
2800 EAST COMME								UCSO				AZ		8570		
2000 EACT COMME												712		0070		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 770034661																
SECTION E – EMPLOYER FILING ELIGIBILITY																
X YES (Employer Is Eligible	e to File)	☐ NO	(Empl	oyer Is N	lot Elig	ible to F	ile) 🔲	EMPLO	OYER	NO LO	NGER I	IN BUSI	NESS			
SE	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA	TION (i	f applic	able)						
		Un	ique En	tity ID (	UEI):	Not App	licable									
☐ YES (Single-Establishn	nent Emp	olover is	Federa	l Contra	ctor)	YES (N	Multi-Es	tablishm	ent Em	ployer is	Federa	l Contra	ctor)			
<del>-</del> - · · ·	-	•														
YES (I	Headqua	rters is l	rederal	Contrac	tor)	YES (N	on-Head	iquarters	s Establ	ishment	is Feder	al Contr	actor)			
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION																
513210 - Software Publishers																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
			T				Race/E									
		anic atino			M	ale	Not	Hispan	IC Or L	atino	Fon	nale				
	Of L	auno			IVI	ale					rei	liale				
						- <u>-</u> -	_	S				- <u>-</u> -	_	S		
				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		
JOB CATEGORIES		d)		Black or African American		ija	nerican Indian Alaska Native	Re		or eric		ija	nerican Indian Alaska Native	2	Row Total	
	Male	Jale	ite	Ą	Asian	N N	n S	ore	White	k c	ian	ic ×	L S	ore.	Total	
	ı≅	Female	White	ck or Afric American	Asi	E Ha	an ka	Ĕ	×	Black or an Amer	Asian	E H	an	Š		
				ack Ar		δĢ	eric	o	-	Б		Š Ģ.	eric Jas	ō		
				Bi		ati he	ă A	ΜO		Afr		ati he	ΨΨ	8		
						z g	٩	_		_		z g	٩	<b>⊢</b>		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	8	10	28	3	2	0	1	0	20	1	0	0	0	0	73	
Professionals	23	23	83	3	4	1	0	4	46	4	6	0	1	5	203	
Technicians	2	1	4	1	2	0	0	1	0	0	0	0	0	1	12	
Sales Workers	2	0	0	0	1	0	0	0	0	0	0	0	0	0	3	
Administrative Support Workers Craft Workers	23 0	21 0	41 0	5 0	0	0	0	0	57 0	5 0	5 0	0	0	0	162 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 2022 REPORTING YEAR TOTAL	58	55	156	12	10	2	1	7	123	10	11	0	2	6	453	

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022 SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

238

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

2022 EMILEOTER INFORMATION REPORT (EEO-T COMI ONEMT 1)												Expir	ation Dat	on Date: 08/31/2024			
				TION A							,						
		SECT		3 – EMP				TION									
OFS COMPANY ID		SECI	ION	– EWII	LOIL	KIDEN		OYER N	AME								
N524003							INT	UIT IN	C.								
ADDRESS								TY/TOW				STATE	1	ZIP CC	NDE.		
	A \ /	_												9404			
2535 GARCIA								NTAIN				CA	+3				
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	<u>iEADQU</u>	JARTE	RS OR							<b>ΓΙΟΝ</b> (it Γ-LEVEL		ıble)					
`					неарс	UAKTEI				I-LEVEL	NAME						
KS58957								tuit Inc.									
HEADQUARTERS OR ESTABLISHM			DRESS					TY/TOW				STATE		ZIP CO			
1814 FRANKLI			EMDI	OVED	IDENT	PIETO A		AKLAN		`		CA		9461	12		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 770034661																	
X YES (Employer Is Eligib				• EMPLO over Is N						NO LON	NGER I	N BUSI	INESS				
	ECTION										TOLKI	11 1000	LILEDO				
51	CHON.			tity ID (				IION (I	п аррпс	able)							
☐ YES (Single-Establish	ment Emr		-					tahlichm	ent Em	nlover is	Federal	l Contra	ctor)				
	_	-															
☐ 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 513210 - Software Publishers																	
SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
	Race/Ethnicity																
		anic					Not	Hispan	ic or L	atino							
	or La	atino			M	ale	ı			1	Fen	nale	1				
				u		Native Hawaiian or Other Pacific Islander	jo (	Two or More Races		ur		Native Hawaiian or Other Pacific Islander	or	Two or More Races			
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Ra	Row		
000 0111 20011120	<u>e</u>	Female	ite	ck or Afric American	Asian	wai ic Is	Ind	ore	White	Black or	an	wai ic Is	Ind	ore	Total		
	Male	e.	White	o ner	Asi	Ha	ka ga	Ĕ	×	lac n A	Asian	Ha	ka	Mc			
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	0	0	3	0	1	0	0	0	4	1	1	0	0	0	10		
Professionals	1	0	11	0	9	0	0	3	9	2	7	0	0	0	42		
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2022 REPORTING YEAR TOTAL		0	14	0		0	0	3		3	8	0		0	52		
CORRENT 2022 REPORTING TEAR TOTAL	.   1	U	14	U	10	U	U	J	13	3	ď	U	0	U	52		
PRIOR 2021 REPORTING YEAR TOTAL	_ 1	1	9	0	5	0	0	1	8	3	9	0	0	1	38		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													ation Date: 08/31/2024				
				TON A							,						
		SECT	ION B	- EMP	LOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID	EMPLOYER NAME																
N524003	INTUIT INC.																
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE		
2535 GARCIA	AVENUE MOUNTAIN VIEW											CA		94043			
			DC OD	ECT A D	T TOTTS	ATENIO I				TION ()	C 1'			0-10-1			
SECTION C – HO/ESTABLISHMENT-LEVEL UNIT ID	IEADQU	AKIL	KS OK							Γ-LEVEL		ibie)					
GP08372					IIL: ID Q	(C/IIC/L)		tuit Inc.		LEVEL	T (I II III						
HEADQUARTERS OR ESTABLISHM			ORESS														
601 PENNSYLVA	NIA AVE	NUE					WAS	SHING	ION			DC		2000	13		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 770034661																	
SECTION E – EMPLOYER FILING ELIGIBILITY																	
X YES (Employer Is Eligib	le to File)	□ NO	(Emple	oyer Is N	ot Elig	ible to F	ile)	EMPLO	OYER	NO LO	NGER I	IN BUS	INESS				
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)  Unique Entity ID (UEI): Not Applicable																	
☐ YES (Single-Establish	nent Emr		-	-				tablishm	ent Em	plover is	Federa	l Contra	ctor)				
	_	-															
☐ 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																	
513210 - Software Publishers SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
Race/Ethnicity																	
	Hisn	anic						Hispan	•	atino							
		atino			М	ale	1101	Порин		atiiio	Fen	nale					
				au		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races			
JOB CATEGORIES		ø		Black or African American	_	ajja Isla	nerican Indian Alaska Native	Ra	_	Black or African American	_	uiia Isla	nerican Indian Alaska Native	Ra	Row Total		
	Male	Female	White	ck or Afric American	Asian	lic ax	E N	ore	White	Black or an Amer	Asian	lic a	Ξž	ore	I Otal		
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				8		Nat	Am	Ň		Ą		Nat the	Am /	Š			
						- 0		•				- 0		•			
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers	1	0	5	2	0	0	0	0	4	1	1	0	0	1	15		
Professionals Tachnicians	2	0	0	0	0	0	0	0	0	0	0	0	0	0	9		
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	1	3		
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 Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CURRENT 2022 REPORTING YEAR TOTAL		2	6	3	0	0	0	0	8	1	2	0	0	2	27		
CONTENT 2022 REI ORTING TEAR TOTAL	.   "	_	U	<b>5</b>	U	U	U	V	U	'	_	U	v	_	21		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

NA

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

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2022 EMI LOTER INFORMATION REFORT (EEO-T COMI ONENT I)												Expir	ation Date: 08/31/2024				
SECTION A – TYPE OF REPORT																	
			E	STABLI	SHME	NT REF	ORT										
SECTION B – EMPLOYER IDENTIFICATION																	
OFS COMPANY ID	EMPLOYER NAME																
N524003	INTUIT INC.																
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE		
2535 GARCIA	Δ\/ENI I	E										CA		9404			
	AVENUE MOUNTAIN VIEW EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												.5				
	EADQU	ARTE	RS OR									ıble)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE				-LEVEL	NAME						
KS58453	Intuit Inc.																
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADD	RESS				CI	TY/TOW	/N			STATE		ZIP CODE			
503 MEANS STRE	ET SUIT	E 200					A	TLANT	Ά			GA		3031	8		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)																	
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 770034661																	
SECTION E – EMPLOYER FILING ELIGIBILITY																	
X YES (Employer Is Eligibl	e to File)	□NO	(Emple	oyer Is N	lot Eligi	ible to F	ile)	EMPL(	OYER I	NO LON	IGER I	N BUSI	NESS				
SE	CTION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA	<b>FION</b> (i	f applic	able)							
~_				tity ID (						,							
YES (Single-Establishr	nent Emr		-					tahlichm	ent Emi	nlover is	Federal	Contra	ctor)				
_ ` `		•			-	,											
☐ 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																	
513210 - Software Publishers																	
SECTION H - WORKFORCE DEMOGRAPHIC DATA																	
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	Of La	atino		1 1	IVI	ale				1 1	ren	nale					
						_ 5		"				_ 5		"			
				Ę		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races			
JOB CATEGORIES				Black or African American		iar Sla	iar	Ra		Black or African American		iar	iar	Ra	Row		
002 0/1120011120	<u>o</u>	Female	te	ck or Afric American	an B	vai c Is	Ind	<u>e</u>	ţ	Black or an Amer	ä	vai C Is	Ind	<u>e</u>	Total		
	Male	Ĕ	White	or .	Asian	da cifi	an (a l	Mo	White	ach A A	Asian	cii a	an (a l	<b>₽</b>			
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				_		žŧ	₹	≥		٩		žŧ	₹	≥			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 16	0	0	0	0	0	0 4	0	0	0	0	0	0 22		
Professionals	2	3	18	5	4	0	0	0	12	9	3	0	0	1	57		
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	0	3	6	1	4	0	0	0	2	2	0	0	0	0	18		
Craft Workers 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 2022 REPORTING YEAR TOTAL	2	7	40	6	8	0	0	0	18	12	3	0	0	1	97		

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/18/2022 - 12/31/2022

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

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