

**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 N524003	EMPLOYER NAME INTUIT INC.			
ADDRESS 2601 Garcia Avenue	CITY/TOWN MOUNTAIN VIEW	STATE CA	ZIP CODE 94043	

**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)**  
770034661

**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**

513210 - Software Publishers

**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	3	0	58	7	31	0	0	2	39	3	15	0	0	3	161
First/Mid-Level Officials and Managers	94	104	629	53	321	6	7	39	711	159	257	4	1	41	2426
Professionals	645	1063	2466	732	2004	10	10	174	3568	2426	1788	10	22	393	15311
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	66	31	223	91	26	0	1	14	121	52	11	2	5	10	653
Administrative Support Workers	2	45	0	0	0	0	0	1	74	23	28	2	2	6	183
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
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	810	1243	3376	883	2382	16	18	230	4513	2663	2099	18	30	453	18734
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	700	981	3247	605	2092	21	22	215	4124	1743	1887	34	47	343	16061

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/18/2024 - 12/31/2024

**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  
N524003

EMPLOYER NAME  
INTUIT INC.

ADDRESS

2601 Garcia Avenue

CITY/TOWN

MOUNTAIN VIEW

STATE

CA

ZIP CODE

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**

6/24/2025 4:29 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Derek Baltuskonis

Title of Certifying Official

VP, Human Resources

Email Address of Certifying Official

derek\_baltuskonis@intuit.com

Telephone Number of Certifying Official

707-267-4801

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

Name of Primary POC

Derek Baltuskonis

Title and Employer of Primary POC

VP, Human Resources  
Intuit

Email Address of Primary POC

derek\_baltuskonis@intuit.com

Telephone Number of Primary POC

707-267-4801