

This is the proposed EEO-1 Form to collect pay data.

SECTION A - TYPE OF REPORT

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX).

Single-establishment Employer Report

Multi-establishment Employer:

Consolidated Report (Required)

Headquarters Unit Report (Required)

Individual Establishment Report (submit one for each establishment with 50 or more employees)

Special Report

2. Total number of reports being filed by this Company (Answer on Consolidated Report only):

SECTION B - COMPANY IDENTIFICATION

1. Name of parent company that owns or controls establishment in item 2 (omit if same as above).

a. Parent Company:

Address (Number and Street):

City or Town:

State:

ZIP code:

2. Establishment for which this report is filed (omit if same as above)

a. Name of Establishment:

Address (Number and Street):

City or Town:

County:

State:

ZIP code:

b. Employer identification No. (IRS 9-DIGIT TAX NUMBER):

c. Was an EEO-1 report filed for this establishment last year?

Yes No

SECTION C - EMPLOYERS WHO ARE REQUIRED TO FILE

1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?

Yes No

2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?

Yes No

3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor, and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U.S. Savings Bonds and Savings Notes?

Yes No

4. If the response to the above question (C - 3) is Yes, please enter your Dun and Bradstreet identification number (if you have one):

NOTE: If an answer to questions 1, 2 or 3 of Section C is "Yes", complete the entire form, otherwise skip to Section G.

Date(s) of payroll period used: (Omit on the Consolidated Report)

SECTION E - ESTABLISHMENT INFORMATION
(Omit on the Consolidated Report)

What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

SECTION F - REMARKS

Use this item to give any identification data appearing on the last EE0-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

SECTION G - CERTIFICATION

Check One: <input type="checkbox"/> 1. All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report Only.) <input type="checkbox"/> 2. This report is accurate and was prepared in accordance with the instructions.			
Name of Certifying Official <input type="text"/>	Title <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
Name of Person to contact regarding this report <input type="text"/>	Title <input type="text"/>	Address (Number and Street) <input type="text"/>	
City and State <input type="text"/>	Zip Code <input type="text"/>	Email Address <input type="text"/>	Telephone No. (including Area code and Extension) <input type="text"/>

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII.
WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001