U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C		08/2023 mber: 30	
				FION A											
		SECT	FION F	B – EMF	PLOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID					-		EMPI	LOYER N							
1066043						E	EQT CO	ORPOR	ATION						
ADDRESS							С	ITY/TOW	WN			STATE		ZIP CO	DDE
625 LIBERTY AVENU	E, SUI	TE 170	0				PIT	TSBUF	RGH			PA		152	22
SECTION C – H	EADQU	JARTE	RS OR	ESTAF								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	VEL ADI	ORESS				С	ITY/TOV	VN			STATE ZIP CODE			
	SECTI	ION D -	- EMPI	LOYER	IDEN 250464		TION	NUMBE	ER (EIN	D			ł		
X YES (Employer Is Eligible				- EMPL oyer Is N	-					NO LOI	NGER	IN BUS	INESS		
			-	L CON	-										
				ntity ID (
YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (I	Multi-E	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (F	Headqua	rters is	Federal	Contrac	tor)	YES (N	Jon-Hea	dquarter	s Establ	ishment	is Feder	ral Conti	actor)		
	1							-		s Federa			,		
			ECTIO	DN G - 1 210 - Na	NAICS	INFOR	MATIO	ON				,			
	SF	ECTION		VORKF					ТА						
		_						Ethnicit	-	-					
		Hispanic Not Hispanic or Latino Or Latino Male							Fer	Female					
				-		or der	P	es		c		or der	ŗ	es	
JOB CATEGORIES				icar		ian ian	ive	Rac		ica		ian ilan	ive	Rac	Row
JOB CATEGORIES	e	Female	ite	Black or African American	an	wai ic Is	American Indian or Alaska Native	Two or More Races	ite	Black or African American	an	Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Total
	Male	-em	White	r or	Asian	Ha	can ska	Ň	White	lac n A	Asian	Ha	can ska	Ň	
		ш.		Arack		i ve	eric Nas	oor		B rica		ive	eric Nas	o	
				B		Native Hawaiian or Other Pacific Islander	₩ Am	ž		Af		Native Hawaiian or Other Pacific Islander	₩ ₩ ₩	Ě	
						0		-				0		-	
Executive/Senior Level Officials and Managers	1	0	18 131	0	1	0	0	0	2 31	0	0	0	0	0	22 169
First/Mid-Level Officials and Managers Professionals	4	1	131	5	7	0	0	0	85	2	4	1	0	1	248
Technicians	1	2	194	1	0	0	1	1	34	1	1	0	0	0	236
Sales Workers Administrative Support Workers	0	0	0	0	0	0	0	0	0 12	0	0	0	0	0	0 15
Craft Workers	0	0	28	0	0	0	0	1	6	0	0	0	0	0	35
Operatives Laborers and Helpers	0	0	8	1 0	0	0	0	0	0	0	0	0	0	0	9
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	7	4	522	8	10	0	1	4	170	4	5	1	0	2	738
PRIOR 2021 REPORTING YEAR TOTAL	5	4	489	6 WORK	12 EODCI	0 E CNIAD	0 SUOT	3 DEDIO	156	5	6	1	0	1	688
	i	SECIN	UNI-	WORK 11/8/2		1/9/202		PERIO	D						
SECTION J	-HEA	DQUA	RTERS	S OR ES	TABLI	SHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
Not Applicable															

U.S. EQUAL 2022 EMPL	I OMB Cor	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024							
	SECTION K – OFFICIAL CE	RTIFICATION OF SUBMISSION	[
	EMPLOYER	DENTIFICATION							
OFS COMPANY ID 1066043		EMPLOYER NAME EQT CORPORATION							
ADI	DRESS	CITY/TOWN	STATE	ZIP CODE					
625 LIBERTY A	VENUE, SUITE 1700	PITTSBURGH	PA 15222						
	CERTIFICATION	COMMENTS (optional)							
and was pre	ncluding any workforce demographic a pared in conformity with the direction villfully false statements on this repo DATE OF C	as set forth in the form and accompanies of the set forth in the form and accompanies of the set of	ying instructions.	,					
		:23 PM [EST]							
Name of Emplo	EMPLOYER'S CE yer's Certifying Official	RTIFYING OFFICIAL Title of Co	ertifying Official						
	nas Torchia		otal Rewards						
	s of Certifying Official		per of Certifying Officia	1					
thomas.to	orchia@eqt.com	412-5	510-5299						
	RIMARY POINT OF CONTACT (POC								
	of Primary POC	Title and Empl	oyer of Primary POC						
Thom	nas Torchia		otal Rewards						
	ress of Primary POC	-	mber of Primary POC						
thomas.to	orchia@eqt.com	412-5	10-5299						