

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 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 1066043	EMPLOYER NAME <b>EQT CORPORATION</b>			
ADDRESS <b>625 LIBERTY AVENUE, SUITE 1700</b>	CITY/TOWN <b>PITTSBURGH</b>	STATE <b>PA</b>	ZIP CODE <b>15222</b>	

**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)**  
**250464690**

**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): **EPSRFAHQ7L1**

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**  
**221210 - Natural Gas Distribution**

**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	1	0	21	0	1	0	0	0	4	0	0	0	0	0	27
First/Mid-Level Officials and Managers	1	0	140	0	1	0	0	2	37	0	0	0	0	1	182
Professionals	3	2	170	5	8	0	0	2	99	3	4	1	1	1	299
Technicians	1	1	248	1	0	0	1	1	27	1	1	0	0	0	282
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	2	0	0	0	0	0	8	1	1	0	0	0	13
Craft Workers	0	0	31	0	0	0	0	1	8	0	0	0	0	0	40
Operatives	0	0	7	1	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>6</b>	<b>4</b>	<b>623</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>183</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>855</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>7</b>	<b>4</b>	<b>522</b>	<b>8</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>170</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>738</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
**11/8/2023 - 11/9/2023**

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 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 K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
1066043

EMPLOYER NAME  
EQT CORPORATION

ADDRESS

625 LIBERTY AVENUE, SUITE 1700

CITY/TOWN

PITTSBURGH

STATE

PA

ZIP CODE

15222

**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**

5/21/2024 4:44 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Thomas Torchia

Title of Certifying Official

Director, Total Rewards

Email Address of Certifying Official

thomas.torchia@eqt.com

Telephone Number of Certifying Official

412-510-5299

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

Name of Primary POC

Thomas Torchia

Title and Employer of Primary POC

Director, Total Rewards  
EQT

Email Address of Primary POC

thomas.torchia@eqt.com

Telephone Number of Primary POC

412-510-5299