

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 T517783				EMPLOYER NAME IQVIA											
ADDRESS 100 IMS Drive						CITY/TOWN PARSIPPANY-TROY HILLS				STATE NJ		ZIP CODE 07054			
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) 061506026															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Unavailable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 541613 - Marketing Consulting Services															
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	6	3	134	2	15	0	0	0	71	1	8	0	0	0	240
First/Mid-Level Officials and Managers	74	108	1043	54	338	6	6	22	1406	179	253	8	4	33	3534
Professionals	240	550	2226	266	810	7	4	94	4515	957	1308	22	23	243	11265
Technicians	70	93	119	20	35	2	2	11	155	66	48	1	0	18	640
Sales Workers	26	36	291	25	31	1	0	10	396	35	25	0	0	12	888
Administrative Support Workers	47	168	158	70	33	2	2	14	557	491	82	3	2	49	1678
Craft Workers	68	16	121	103	36	1	2	26	33	50	12	0	0	8	476
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	1	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	531	974	4093	540	1298	19	16	177	7133	1779	1736	34	29	363	18722
PRIOR 2023 REPORTING YEAR TOTAL	545	906	4336	578	1378	19	21	183	7255	1707	1765	37	31	347	19108
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 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 T517783		EMPLOYER NAME IQVIA		
ADDRESS 100 IMS Drive		CITY/TOWN PARSIPPANY-TROY HILLS	STATE NJ	ZIP CODE 07054
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<i>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION				
6/17/2025 8:00 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Christal Carmona		Title of Certifying Official Associate Director of Compliance		
Email Address of Certifying Official christal.carmona@iqvia.com		Telephone Number of Certifying Official 913-284-2845		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Christal Carmona		Title and Employer of Primary POC Associate Director of Compliance IQVIA		
Email Address of Primary POC christal.carmona@iqvia.com		Telephone Number of Primary POC 913-284-2845		