

**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 B492427	EMPLOYER NAME VISA USA INC			
ADDRESS 900 METRO CENTER BOULEVARD	CITY/TOWN FOSTER CITY	STATE CA	ZIP CODE 94404	

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)
941721694

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): [DAJ1V9WMN6R7](#)

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

[522320 - Financial Transactions Processing, Reserve, and Clearinghouse Activities](#)

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	15	9	76	5	23	0	0	2	44	2	4	0	0	0	180
First/Mid-Level Officials and Managers	145	108	555	44	568	6	4	38	399	37	282	3	0	23	2212
Professionals	677	610	1868	447	2551	13	18	114	1475	402	1963	17	6	116	10277
Technicians	3	0	4	0	1	0	0	1	0	1	1	0	0	0	11
Sales Workers	29	13	73	3	9	0	0	2	44	4	11	0	0	1	189
Administrative Support Workers	13	39	35	12	12	0	0	5	67	27	37	2	1	11	261
Craft Workers	0	3	2	0	3	0	0	0	0	0	1	0	0	0	9
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
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	2	0	0	0	0	0	2
CURRENT 2023 REPORTING YEAR TOTAL	882	782	2614	511	3167	19	22	162	2031	473	2299	22	7	151	13142
PRIOR 2022 REPORTING YEAR TOTAL	822	742	2580	496	3041	21	21	156	1968	465	2141	23	8	142	12626

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/16/2023 - 12/29/2023

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
B492427

EMPLOYER NAME
VISA USA INC

ADDRESS

900 METRO CENTER BOULEVARD

CITY/TOWN

FOSTER CITY

STATE

CA

ZIP CODE

94404

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

5/31/2024 7:48 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Colette Coles

Title of Certifying Official

Sr. Managing Counsel

Email Address of Certifying Official

ccoles@visa.com

Telephone Number of Certifying Official

650-432-8181

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

Name of Primary POC

Colette Coles

Title and Employer of Primary POC

Sr. Managing Counsel
Visa U.S.A. Inc.

Email Address of Primary POC

ccoles@visa.com

Telephone Number of Primary POC

650-432-8181