

Office of Labor-Management Standards (OLMS) http://www.olms.dol.gov

# ELECTRONIC FORMS SYSTEM (EFS) LM-4

EFS is a web-based system for completing and filing Form LM-4 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-4 form. It does not contain instructions for what information should be provided on your report.

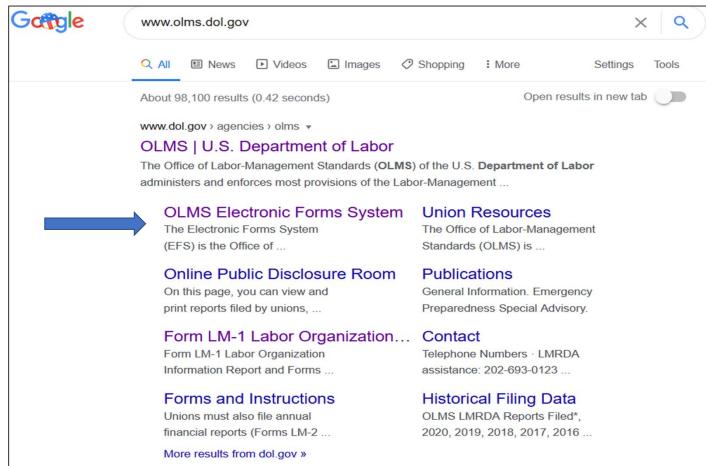
\*SEE CSEA INSTRUCTIONS FOR FILLING OUT LM-4\*

You can download a complete set of LM-4 Instructions from the OLMS website at:

http://www.dol.gov/olms/regs/compliance/LM-

4\_Instructions\_AR.pdf

# Navigate to www.olms.dol.gov



# **Electronic Forms System**

U.S. DEPARTMENT OF LABOR		
Office of Labor-Management Standards	FAQ CONTACT	Q Search OLMS
FILING AND FORMS $\checkmark$ REPORTS, DISCLOSURE, AND DECISIONS $\checkmark$ COMPLIANCE ASSISTANCE $\checkmark$ LAWS AND REGULATIONS $\checkmark$ About US $\checkmark$	CONTACT US 🗸 🛛 O	LMS EN ESPAÑOL
OLMS > OLMS Electronic Forms System		
OLMS Electronic Forms System Notice: Advisory on Union Officer Elections and Public Disclosure Reporting in Areas Affected by COVID-19 and Natural Disasters EFS Resources		
<ul> <li>Register for an EFS User ID and Password</li> <li>Obtain a Union PIN</li> <li>Edit your EFS Account Information</li> <li>Forgot your password?</li> <li>Forgot your User ID?</li> </ul>		
The Electronic Forms System (EFS) is the Office of Labor-Management Standards' (OLMS) web-based system that enables labor organizations, their officials, employers, and labor relations consultants to complete and submit LM reports to OLMS. Currently, EFS is available for use by Forms LM-1, LM-2, LM-3, LM-4, LM-10, LM-20, LM-21 and LM-30 filers. Access the OLMS EFS to register for an EFS User ID and password, obtain a union PIN, as well as edit your account information or retrieve your existing password or User ID. By accessing the OLMS EFS, you can also obtain, work on, or sign and submit an LM form. For more information on registering with EFS, see the <u>Registration Help page</u> .		

### SELECT "Register for an EPS User ID and Password"

# **Electronic Forms System**

U.S	U.S. DEPARTMENT OF LABOR					
Office of Lab	or-Management S	tandards - OLMS				
OLMS HOME	OLMS Reports 🗸	User Guides/FAQs 🗸	Helpdesk: 1-866-401-1109  TTY: 1-877-4-889-5627 <u>Email: olms-public@dol.gov</u>			
DOL Home > OI	DOL Home > OLMS > EFS Welcome to the Office of Labor-Management Standards Electronic Forms System (EFS)					
		Existing and Ne	ew User Account Management +			
LM-1, LM-2, LM-3, LM-4 and Simplified Report —						
		Password Number/Registration ID				
Sign In         Forgot your password?       Forgot your User ID?         File an Initial LM-1 - Obtain an Initial LM-1 Registration ID and PIN         *Initial LM-1 filers must use your Registration ID						

Enter: User ID, Password, File Numer and Union Pin

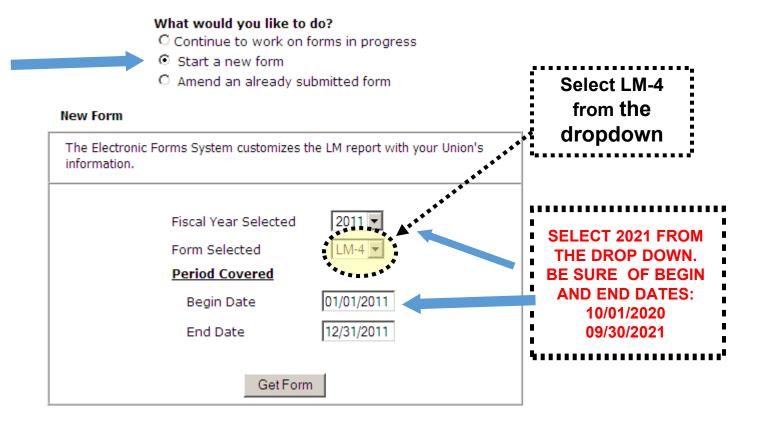
Click: SIGN IN

Page 5

### Accessing the System

Select one of the options displayed on the screen.

(Please note that the only forms that you can amend in EFS are ones that were filed using EFS.)



### LM-4 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled.

		••••							
PAGE 1		<u>Save</u>	Validate			Submit	Help	Print	
PAGE 2			***						
ADDNL INFO VALIDATION SUMMARY	Office of Labo Stan	ment of Labor pr-Management Idards n, DC 20210	· · · · ·	4 LABOR ORG				Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013	
	This report is man	datery under P.L. 80					enalties as p	rovided by 29 U.S.C. 439 or 440.	
		-	READ THE IN	STRUCTIONS CAREFUL 2. PERIOD COVERED	LY BEFORE PREPA				
	For Official Use On E	1. FILE NUM 544446	1BER	<b>*</b> ▲	DAY YEAR	check here: (b) TERMINAL	- If your or	n amended report, ganization ceased to nal report, see section d check here:	
	4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS				8. MAILING ADDRESS (Type in capital letters) First Name Last Name		A		
	5. DESIGNATION	(Local, Lodge, et	c.) 6. DESIG	6. DESIGNATION NUMBER		JOHN		SMITH	
	7. UNIT NAME (if	any)				P.O. Box - Building and Room Number (if any)			
	PITTSBURGH R					ROOM 1A			
					Number and Street 1234 MAIN STREET				
					City PITTSBURGH				
					State PA 💌		ZIP Code 54321123		
	Each of the undersigned, duly authorized information submitted in this report (inclu undersigned's knowledge and belief, true,			on contained in any acco	mpanying documen	ts) has been examine			
	20. SIGNED:			PRESIDENT	21. SIGNED:			TREASURER	
			(If othe	r title, see instructions)			(If	other title, see instructions)	
	Date:		Telephone Number:	Date:		Telephone Number:			

### **Navigation**

You can easily move through the form by using the navigation links to the left to go directly to a page or by scrolling through pages using the arrows at the top, .....

***	***********					
Save	Validate	••••••		<u>Submit</u>	<u>Help</u>	Print
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 This report is mandatory under P.L. 86	FOR USE ONLY BY		NS WITH LESS THAN S ECEIPTS	\$10,000 IN TOTAL A	NNUAL	Form Approved Office of Management a Budget No. 1245-0003 Expires: 10-31-2013
This report is mandatory under P.L. 86		STRUCTIONS CAREFUL			naities as p	rovided by 29 0.5.C. 439 c
For Official Use Only 1. FILE NUM E 544446	2. PERIOD COVERED		RED MO DAY YEAR 11 3. (a) AMENDED - If this is ar check here: (b) TERMINAL - If your org exist and this is its termin		ganization ceased to nal report, see section	
4. AFFILIATION OR ORGANIZATION FACTORY WORKERS 5. DESIGNATION (Local, Lodge, etc			8. MAILING ADDRE First Name JOHN		Last Nam SMITH	ie
7. UNIT NAME (if any) PITTSBURGH REGION			P.O. Box - Building ROOM 1A Number and Stree 1234 MAIN STREE	t	r (if any)	
			City PITTSBURGH State PA		ZIP Code 54321123	
Each of the undersigned, duly authoriz information submitted in this report (in undersigned's knowledge and belief, t 20. SIGNED:	ncluding the informatio true, correct, and comp	on contained in any accord plete. (See Section VI o PRESIDENT	eclares, under penalty mpanying documents)	has been examined	r applicable d by the sign	e penalties of law, that all o natory and is, to the best o TREASUR
	(If other Telephone Number:	title, see instructions) Date:		Telephone Number:	(If	f other title, see instructions

### **Getting Help Within the Form**

The form has several built-in help functions.

Mouse-over text that displays information on what to report or how to enter data into a field is available on many items.

13. How many members did your

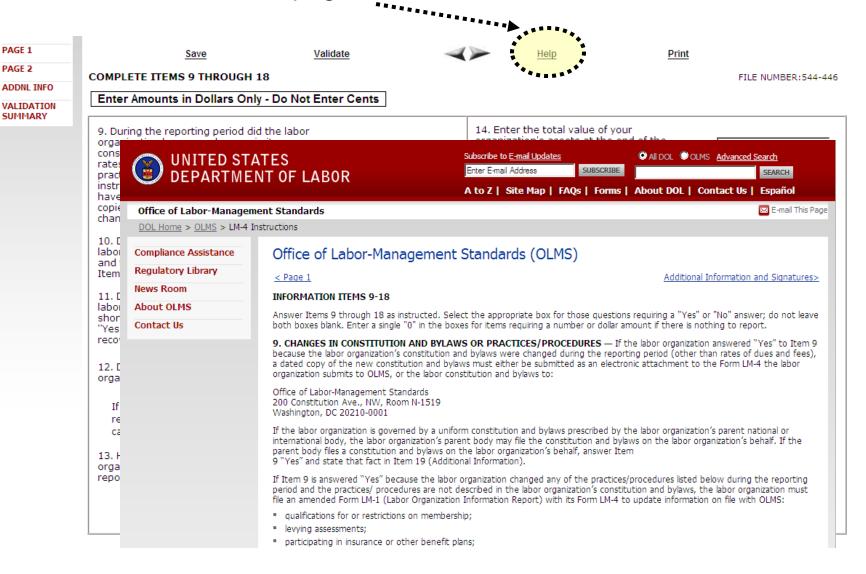
reporting period?

organization have at the Enter the number of members in the labor organization at the end of the reporting period. Include all categories of members who pay dues. Do not include nonmember employees who make payments in lieu of dues as a condition of employment under a union security provision in a collective bargaining agreement.

<ol> <li>Enter the total payments employees during the reportin (gross salaries, lost time payment)</li> </ol>	ng period
allowances expenses etc.) E	nter the total amount of all payments to officers and
eres, expenses, etc.)	mployees made by the labor organization during the
re	eporting period. The amount should include, for example,
	ross salaries (before tax withholdings and other payroll
Please be sure to:	eductions); lost time pay; monthly, weekly, or daily
<ul> <li>Enter your union's 6-dida</li> </ul>	llowances; and disbursements for conducting official
	usingsa of the leher grappization of well as disburgements. I
<ul> <li>Report a time period of </li> </ul>	which were essentially for the personal benefit of the
<ul> <li>Have your union's president</li> </ul>	fficer or employee.
<ul> <li>Have your unions preside</li> </ul>	iene und diedourer ofgit die Form EM 4 m

### **Getting Help Within the Form**

Click the Help link at the top of each page to open the form instructions for the current page in a new window.



### **Menu Items**

The menu across the top of the form contains the following items:

Save

Add Attachments

Help Print

Validate

- Save and Calculate Click this item to save the current page and perform all mathematical calculations. Calculations are not performed automatically because doing so would dramatically reduce the speed of the application. It is important to click <u>Save and Calculate</u> at regular intervals when entering data in the form. If you do not save, you will be prompted to do so when you navigate away from a page.
- 2. Add Attachments Click this item to open the Add Attachments page where supplemental information (like a constitution and bylaws or audit report) can be uploaded. The uploaded data can then be submitted with the form.
- 3. Validate Click this item to run the form validation routine, which checks the form for missing data. Each page has its own set of validations, and you will be prompted to fix these items before leaving the page if you wish. All validations must be satisfied before the form can be signed and submitted.
- 4. Help Click this item to take you to page-specific instructions for completing the form. You can navigate through the instructions page by page, or download/print a copy from our website at: <a href="http://www.dol.gov/olms/regs/compliance/LM-4\_Instructions\_AR.pdf">http://www.dol.gov/olms/regs/compliance/LM-4\_Instructions\_AR.pdf</a>
- 5. **Print** Click this item to open a facsimile of the electronically completed LM-4. You can save a copy of this report to your computer and share it with others who may need to prepare or review the document. You may save a copy of the final signed report prior to submission.

### **Additional Information**

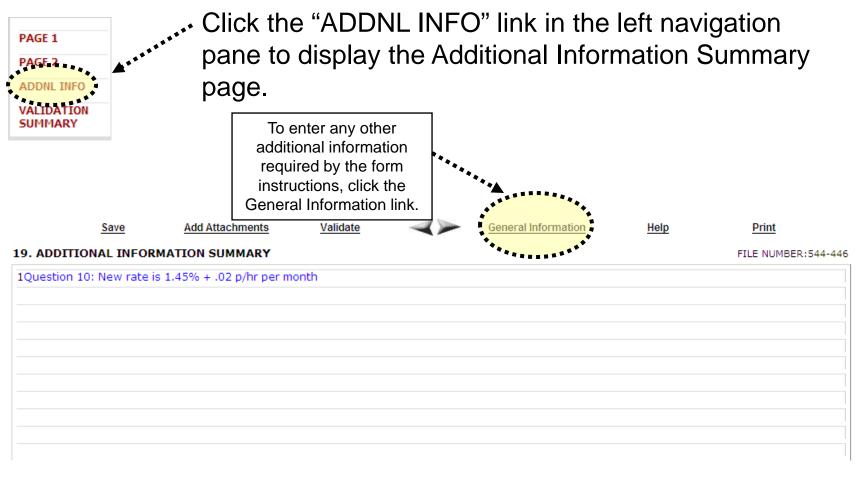
Throughout the form, there are places where the system will prompt you to enter additional information. You have the option to check a box to enter the information later, and the Additional Information prompt will remain red to remind you that you will need to enter additional information before submitting your report.

To go back and enter the additional information, doubleclick on the Al icon and enter the additional information. The prompt will turn green, indicating that additional information has been entered.

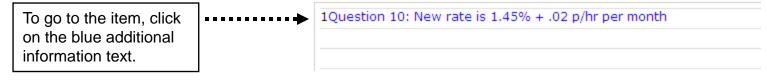
The Additional Information Summary can be found in the left navigation pane.

# Additional Information - RateChange to item 10, you must report the new rates of dues and fees in Additional Information. Please refer to the Item 10 instructions for specific reporting requirements. Please Note: Once you begin entering information, you must press SAVE or ENTER LATER button to exit the Additional Information data entry process. New rate is 1.45% + .02 p/hr per month Enter Later Yes 🖸 Additional Information entered No C Yes 🖸 Additional Information needs to No be entered

### **Additional Information**



#### 19. ADDITIONAL INFORMATION SUMMARY



### Validation

There are two types of validations built into the form to help ensure that the correct data is being entered into the form: Page Level Validations and Form Level Validations.

<u>Page Level Validations</u> occur before you navigate away from a page. A pop up message will alert you of items that must be corrected before the form can be signed and submitted.

Message	e from webpage
2	The items below failed to pass the validation. Do you want to correct them now?
$\checkmark$	(Click "OK" to correct them now or click "Cancel" to correct them later.)
	Page2: Item9: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.
	C

If you click **OK** you can correct the item before leaving the page.

If you click **Cancel**, you can correct the item later. You will be prompted to make the correction during form validation.

### Validation

Form Level Validations occur as a final check before the form can be submitted. You must click the Validate link on the top menu bar.

PAGE 1		Save	Add Attachments		Validate	Help	Print
PAGE 2							FILE NUMBER:544-446
ADDNL INFO	VALIDATION S	UMMARY PAGE					FILE NUMBER: 544-446
ALIDATION	A read to read the providence						
SUMMARY	1. Page2:Item	9: You must provide	an explanation for this item.	Please consult the f	form instructions if you are	unsure of what ir	formation to provide.
	-						

The system will open the Validation Summary Page containing a list of items that must be corrected.

You can click on each item and be taken to the page where the item can be corrected. For more information on what should be provided for these items, consult the form instructions.

### Signing the Form - SCROLL BACK TO SIGNATURE PAGE

Once all of the validation items have been corrected, the form is ready to be signed.

Message	from webpage
⚠	This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-4 instructions to make sure this form has been filled out according to the requirements.
	Please click on a signature field to sign.
	(OK

### The signature blocks will turn red, indicating the form can be signed.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED:	Click Here to Sign	PRESIDENT	21. SIGNED:	Click Here to Sign	TREASURER
	(If o	ther title, see instructions)		(If other title,	see instructions)
Date:	Telephone Number:		Date:	Telephone Number:	

Note: All officers who must sign the form must have established user accounts and must log into EFS with their account information to sign the form.

### Signing the Form



You must re-enter your password to 'sign' the form. By doing so, you are legally attesting that you are the person identified by name in the signature block and a duly authorized officer of the union.

#### **President's Signature**

By entering my name and password below, I attest that I am **John Smith**, a duly authorized officer of the above labor organization, and declare, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any attached documents) has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

First Name	John
Middle Initial	
Last Name	Smith
Date	04/05/2011
Password	•••••
Phone Number	2025551212
	Sign Cancel

### Signing the Form

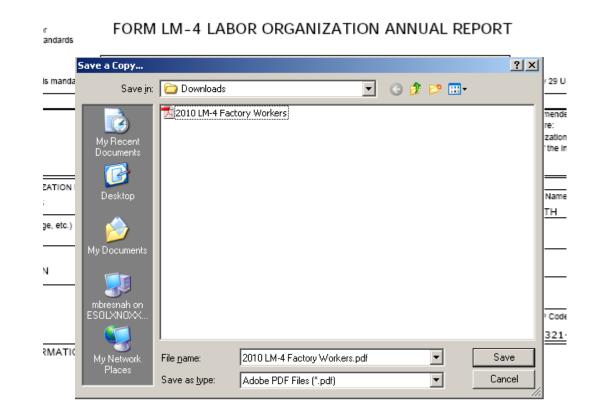
A minimum of two signatures are required to submit the report.

Each officer will have to log in separately to sign the form.

Once the report has been signed, if any changes are made to any fields on the form, the signatures will be removed and the form must be validated and signed again.

### Save a Signed Copy

Click the Print item and click File $\rightarrow$ Save to save a signed copy of the report as a PDF to your computer. Do this before submitting the report.



Note: You can obtain a copy of the submitted report from the Online Public Disclosure site. Please see the next section for information on this.

### Submitting the Form

Once the signatures have been applied, the form can be submitted.

Click the Submit button from the top menu bar. Once the form has been processed (this may take a few minutes) a confirmation message will display:

Logout

Your LM-4 Form has been successfully accepted for processing. Your confirmation number is: 544446-441258-20110405114851 Please make a note of this number for your records.

To view your submitted LM-4 report, visit the OLMS Online Public Disclosure Room OLMS Online Public Disclosure Room link: <u>http://www.dol.gov/olms/regs/compliance/rrlo/Imrda.htm</u>

You can print this message by going to File  $\rightarrow$  Print, or simply copy and paste the text from the page into an email or word processing document.

You should now be able to view your submitted report in the Online Public Disclosure Room, by using the link shown above.

### Troubleshooting

During peak filing periods, you may experience a slowdown in saving and validating the report.

During these busy periods, you may see an error that looks like this:

UNITED STATES DEPARTMENT OF LABOR	Subscribe to E-mail Updates       Image: All DOL Image: Subscribe to E-mail Address         Enter E-mail Address       SUBSCRIBE         Find It In DOL       SEARCH         A to Z Index       Site Map         FAQs       DOL Forms         About DOL       Contact Us
DOL Home > EFS	
Electronic Forms System	🗕 🕂 Text Size
Error condition 1001 has occurred during the prefill proce 1-866-401-1109. Please select the Back link below to retu	Logout essing. If this error continues to occur, please contact the OLMS Help Desk at urn to the schedule.
	<u>Back</u>
Frequently Asked Questions   Freedom of Information Act   Pr	rivacy & Security Statement   Disclaimers   Customer Survey   Important Web Site Notices

Please wait a few minutes and try again. However, if you continue to experience the problem, please contact our technical support desk. See the next page for information on how to get help.

**Getting Help** 

# If you experience difficulty using EFS, please contact OLMS Form Technical Support toll-free at: 1-866-401-1109

This PowerPoint presentation and other information regarding EFS can be found on our website by accessing the following URL: <u>http://www.dol.gov/olms/regs/compliance/efs/efsintro.htm</u>

If you have additional questions or comments please contact OLMS: E-mail OLMS at <u>olms-public@dol.gov</u> or contact your local OLMS District Office