ELECTRONIC FORMS SYSTEM (EFS) INSTRUCTIONS
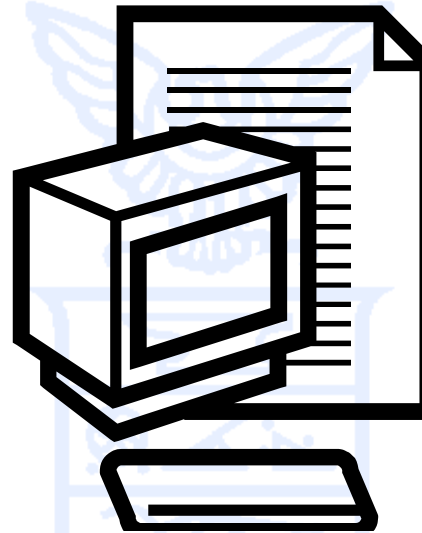
Guide to Preparing the LM-4

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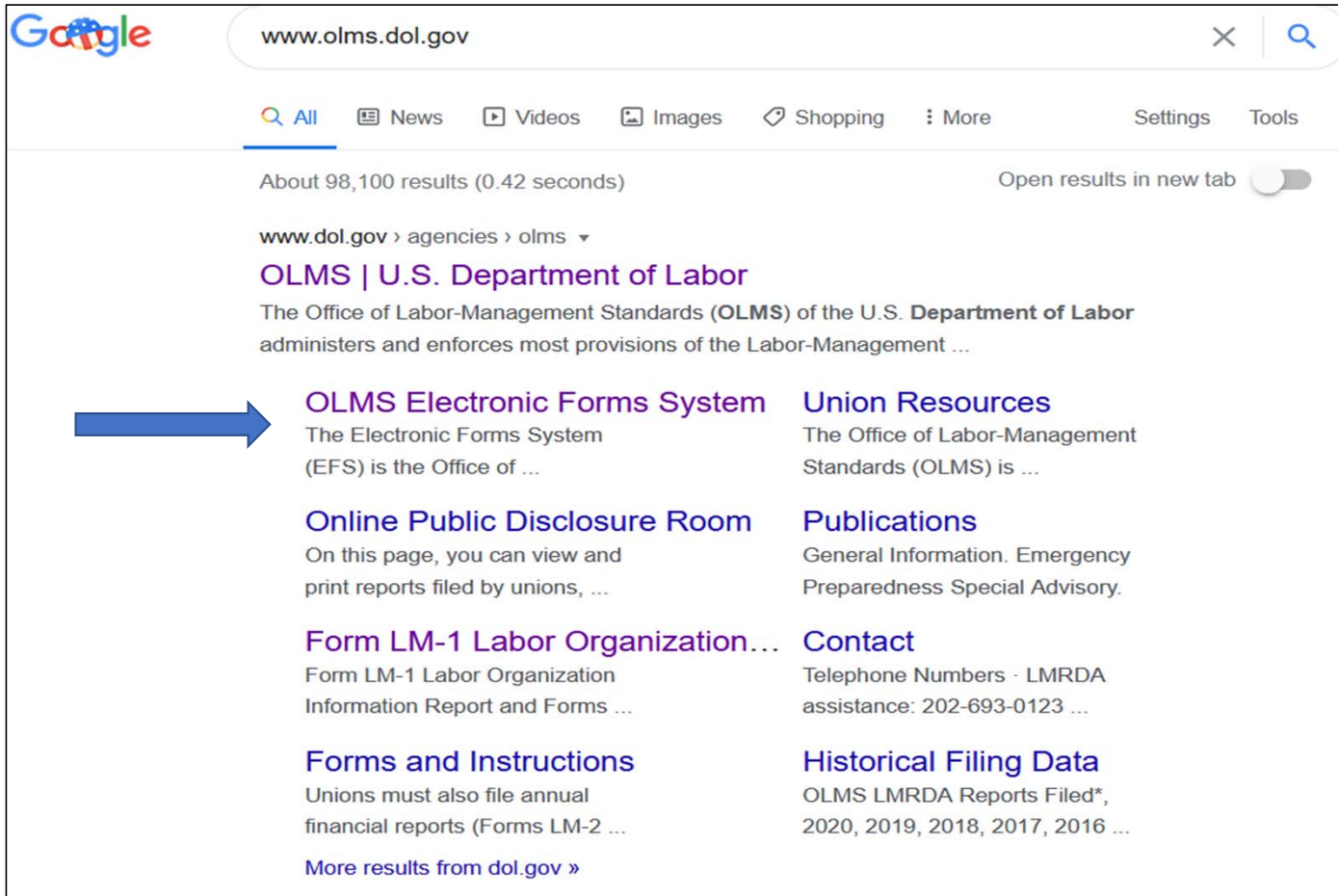
This tutorial demonstrates basic features and functionality of the EFS LM-4 form. It does not contain instructions for what information should be provided on your report.

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

Office of Labor-Management Standards

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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

- Register for an EFS User ID and Password
- Obtain a Union PIN
- Edit your EFS Account Information
- Forgot your password?
- Forgot your User ID?

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 Registration Help page.

SELECT "Register for an EPS User ID and Password"

Electronic Forms System

U.S. DEPARTMENT OF LABOR

Office of Labor-Management Standards - OLMS

| OLMS HOME | OLMS Reports ▾ | User Guides/FAQs ▾ | Helpdesk: 1-866-401-1109 |TTY: 1-877-4-889-5627 Email: olms-public@dol.gov |

DOL Home > OLMS > EFS

Welcome to the Office of Labor-Management Standards Electronic Forms System (EFS)

| Existing and New User Account Management | + |

| **LM-1, LM-2, LM-3, LM-4 and Simplified Report** | − |
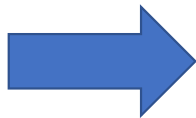
User ID

User Password

*File Number/Registration ID

Union PIN   **Request New Union PIN** ❓

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

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.)

What would you like to do?
- ○ Continue to work on forms in progress
- ⦿ Start a new form
- ○ Amend an already submitted form

New Form

The Electronic Forms System customizes the LM report with your Union's information.

Fiscal Year Selected	2011
Form Selected	LM-4
Period Covered	
Begin Date	01/01/2011
End Date	12/31/2011

Get Form

Select LM-4 from the dropdown

SELECT 2018 FROM THE DROP DOWN. BE SURE OF BEGIN AND END DATES: 10/01/2017 09/30/2018

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LM-4 Page 1

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

PAGE 1
PAGE 2
ADDNL INFO
VALIDATION SUMMARY

Save   Validate   ➤   Submit   Help   Print

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013
	FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $10,000 IN TOTAL ANNUAL RECEIPTS	

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER 544446	2. PERIOD COVERED MO DAY YEAR	3. (a) AMENDED - If this is an amended report, check here: ☐
E		From 01/01/2011	(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: ☐
		Through 12/31/2011	

4. AFFILIATION OR ORGANIZATION NAME
FACTORY WORKERS

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)
PITTSBURGH REGION

8. MAILING ADDRESS (Type in capital letters)

First Name JOHN	Last Name SMITH

P.O. Box - Building and Room Number (if any)

ROOM 1A

Number and Street
1234 MAIN STREET

City
PITTSBURGH

State PA	ZIP Code + 4 543211234

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: _____ PRESIDENT   21. SIGNED: _____ TREASURER

(If other 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.

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION SUMMARY

| Save | Validate | ➤ | Submit | Help | Print |

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $10,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
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No. 1245-0003
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First Name
JOHN

Last Name
SMITH

P.O. Box - Building and Room Number (if any)
ROOM 1A

Number and Street
1234 MAIN STREET

City
PITTSBURGH

State
PA

ZIP Code + 4
543211234

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20. SIGNED: _____ PRESIDENT   21. SIGNED: _____ TREASURER

(If other title, see instructions)

(If other title, see instructions)

Date: _____ Telephone Number: _____   Date: _____ Telephone Number: _____

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 organization have at the end of the reporting period?

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.

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.)

Enter the total amount of all payments to officers and employees made by the labor organization during the reporting period. The amount should include, for example, gross salaries (before tax withholdings and other payroll deductions); lost time pay; monthly, weekly, or daily allowances; and disbursements for conducting official business of the labor organization as well as disbursements which were essentially for the personal benefit of the officer or employee.

Please be sure to:
- Enter your union's 6-di...
- Report a time period of...
- Have your union's presi...

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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   ◄►   Validate   Help   Print

1. **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: http://www.dol.gov/olms/regs/compliance/LM-4_Instructions_AR.pdf
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, double-click on the AI 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

If ``Yes`` 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

Save   Enter Later

Yes
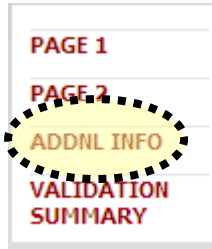No   AI ◀------- Additional Information entered

Yes
No   *AI ◀------- Additional Information needs to be entered

Additional Information

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION SUMMARY

Click the "ADDNL INFO" link in the left navigation pane to display the Additional Information Summary page.

To enter any other additional information required by the form instructions, click the General Information link.

Save   Add Attachments   Validate   ◄ ►   General Information   Help   Print

19. ADDITIONAL INFORMATION SUMMARY   FILE NUMBER: 544-446

1Question 10: New rate is 1.45% + .02 p/hr per month

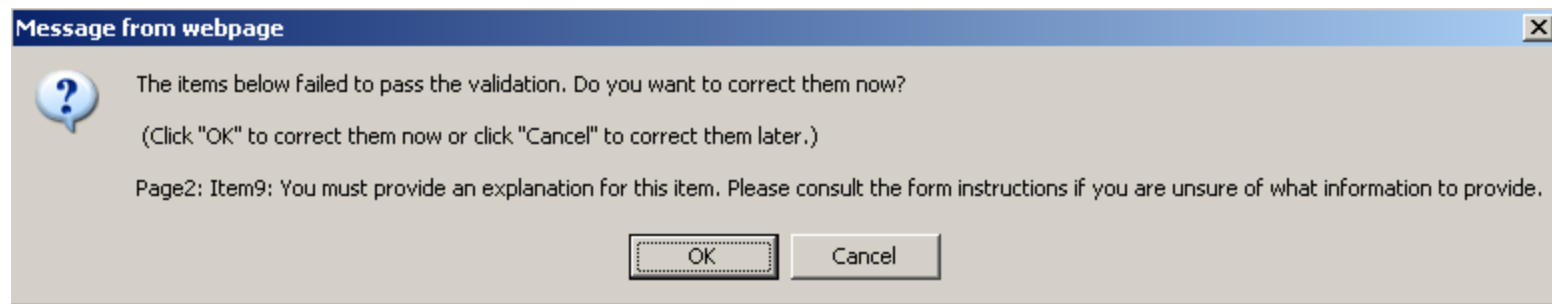To go to the item, click on the blue additional information text.

19. ADDITIONAL INFORMATION SUMMARY

1Question 10: New rate is 1.45% + .02 p/hr per month

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.

Page Level Validations 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 from webpage

The items below failed to pass the validation. Do you want to correct them now?

(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.

OK   Cancel

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.
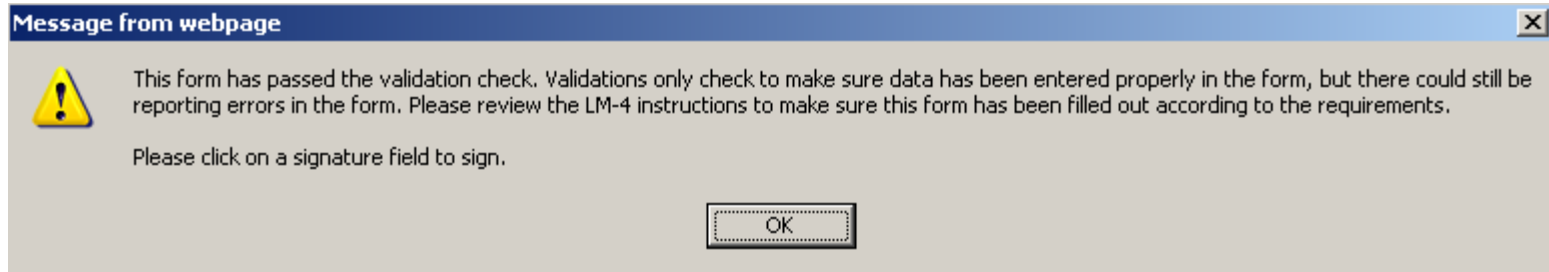

The system will open the Validation Summary Page containing a list of items that must be corrected.

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 other 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]

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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→Save to save a signed copy of the report as a PDF to your computer. Do this before submitting the report.
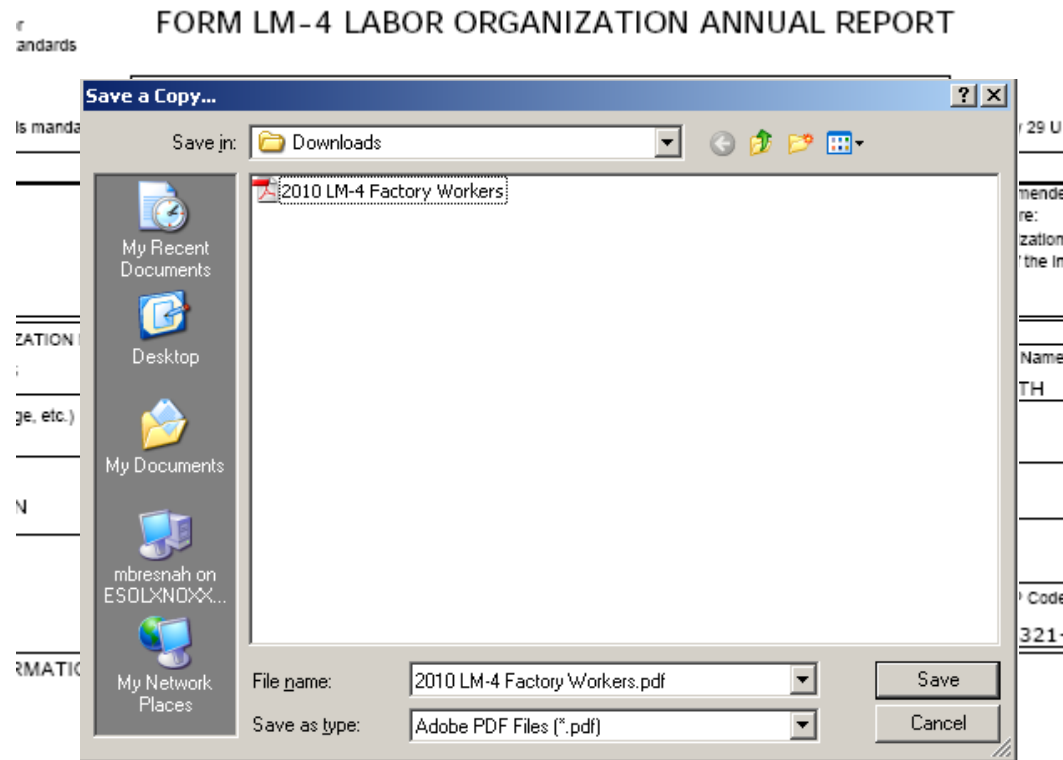
Note: You can obtain a copy of the submitted report from the Online Public Disclosure site. Please see the next section for information on this.

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:
http://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm

You can print this message by going to File→ 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:

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:

http://www.dol.gov/olms/regs/compliance/efs/efsintro.htm

If you have additional questions or comments please contact OLMS:

E-mail OLMS at olms-public@dol.gov

or contact your local OLMS District Office

www.olms.dol.gov