

ELECTRONIC FORMS SYSTEM (EFS)

Guide to Using EFS for the Form LM-30



Office of Labor-Management Standards (OLMS)

www.olms.dol.gov

ELECTRONIC FORMS SYSTEM (EFS)

FORM LM-30

EFS is a web-based system for completing and filing forms required under the Labor-Management Reporting and Disclosure Act (LMRDA), including the Form LM-30 Labor Organization Officer and Employee Report.

This tutorial demonstrates basic features and functionality of the EFS Form LM-30 (revised in 2011). It does not contain instructions for what information should be provided on your report. Please consult the Form LM-30 instructions if you have questions about what information should be entered on the report.

You can download a complete set of Form LM-30 instructions from the OLMS website at:

www.dol.gov/olms/regs/compliance/GPEA_Forms/blanklmforms.htm#FLM30

System Requirements and Settings

To access and use EFS, OLMS recommends that you use one of the following browsers:

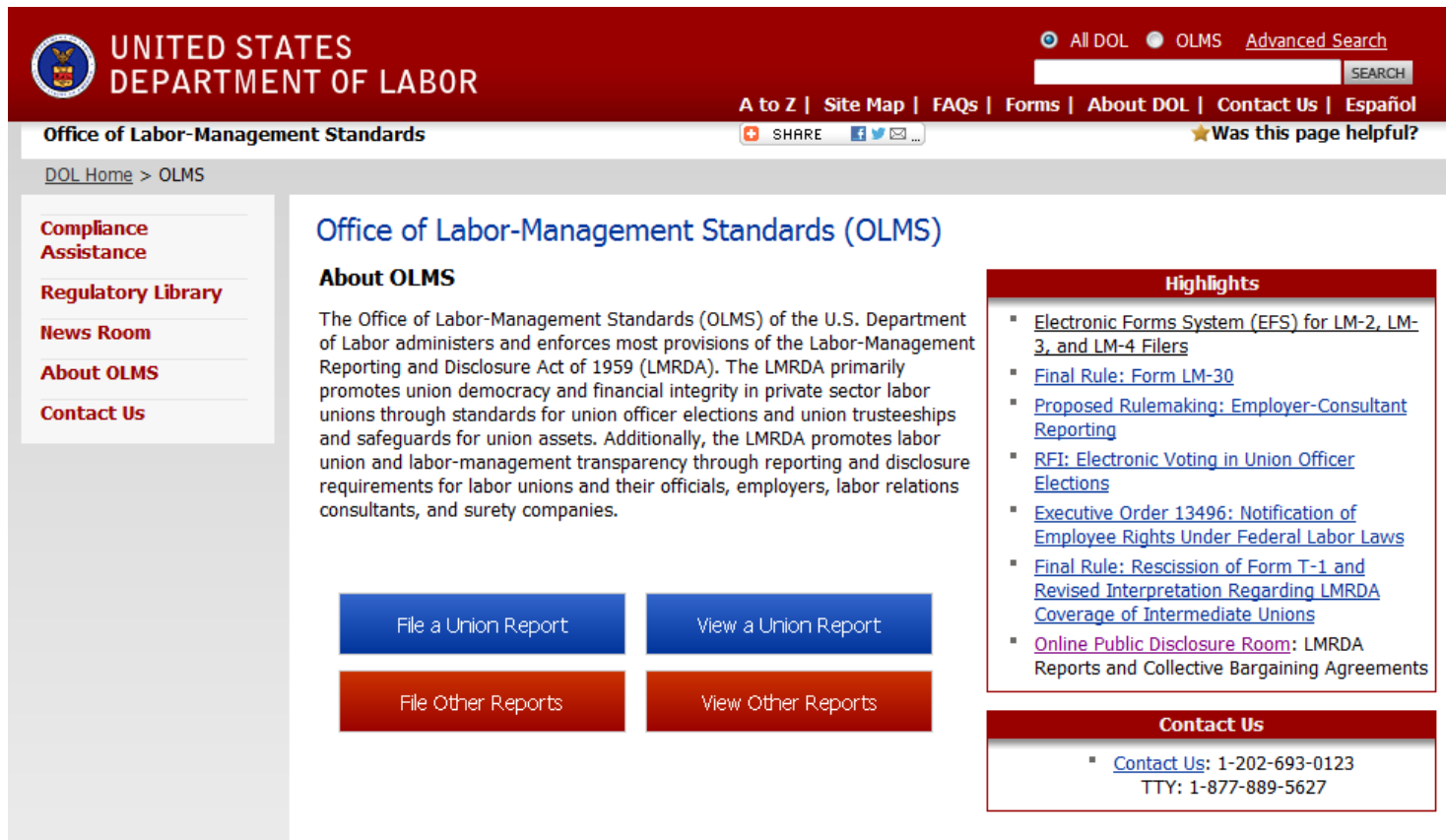
- Microsoft Internet Explorer – Version 6 or higher
- Firefox – Version 3 or higher

Screen Resolution:

For optimal viewing, set your screen resolution to 1280 x 1024 or greater. It is recommended that, at a minimum, you set your screen resolution to 1152 x 864 to avoid horizontal scrolling.

Accessing the System

Navigate to the OLMS website (www.dol.gov/olms/) and click the Electronic Forms System link in the Highlights box.



The screenshot shows the homepage of the Office of Labor-Management Standards (OLMS). The header features the United States Department of Labor logo and navigation links for 'All DOL', 'OLMS', and 'Advanced Search'. Below the header, there are social media sharing options and a 'Was this page helpful?' feedback link. The main content area is titled 'Office of Labor-Management Standards (OLMS)' and includes an 'About OLMS' section with a detailed description of the office's mission. A 'Highlights' box on the right lists several key links, including the 'Electronic Forms System (EFS) for LM-2, LM-3, and LM-4 Filers'. At the bottom, there are buttons for 'File a Union Report', 'View a Union Report', 'File Other Reports', and 'View Other Reports'. A 'Contact Us' box at the bottom right provides the phone and TTY numbers.

UNITED STATES DEPARTMENT OF LABOR

Office of Labor-Management Standards

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Office of Labor-Management Standards (OLMS)

About OLMS

The Office of Labor-Management Standards (OLMS) of the U.S. Department of Labor administers and enforces most provisions of the Labor-Management Reporting and Disclosure Act of 1959 (LMRDA). The LMRDA primarily promotes union democracy and financial integrity in private sector labor unions through standards for union officer elections and union trusteeships and safeguards for union assets. Additionally, the LMRDA promotes labor union and labor-management transparency through reporting and disclosure requirements for labor unions and their officials, employers, labor relations consultants, and surety companies.

[File a Union Report](#) [View a Union Report](#)

[File Other Reports](#) [View Other Reports](#)

Highlights

- [Electronic Forms System \(EFS\) for LM-2, LM-3, and LM-4 Filers](#)
- [Final Rule: Form LM-30](#)
- [Proposed Rulemaking: Employer-Consultant Reporting](#)
- [RFI: Electronic Voting in Union Officer Elections](#)
- [Executive Order 13496: Notification of Employee Rights Under Federal Labor Laws](#)
- [Final Rule: Rescission of Form T-1 and Revised Interpretation Regarding LMRDA Coverage of Intermediate Unions](#)
- [Online Public Disclosure Room: LMRDA Reports and Collective Bargaining Agreements](#)

Contact Us

- [Contact Us: 1-202-693-0123](#)
TTY: 1-877-889-5627

Accessing the System

To access the Form LM-30 in EFS, you must first register with EFS and obtain a user ID and password. If you already have an EFS user ID and password, you do not need to register again.

Registration:

Register for an EFS User account and password - [Click here.](#)

Obtain a Union PIN - [Click here.](#)

[What is a PIN?](#)

If you wish to edit your account information - [Click here.](#)

If you wish to login to the new EFS Form LM-30 - [Click here.](#)

Accessing the Form LM-30 Form

Once you have a user ID and password, click the EFS Form LM-30 link on the left side of the page.

UNITED STATES DEPARTMENT OF LABOR

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[A to Z Index](#) | [Site Map](#) | [FAQs](#) | [DOL Forms](#) | [About DOL](#) | [Contact Us](#)

[DOL Home](#) > [EFS](#)

Electronic Forms System - + Text Size

[OLMS Help](#)

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

Click [here](#) for a brief tutorial of the system

Registration:

Register for an EFS User account and password - [Click here](#).

Obtain a Union PIN - [Click here](#).
[What is a PIN?](#)

If you wish to edit your account information - [Click here](#).

New

If you wish to login to the new EFS Form LM-30 - [Click here](#).

Select the link
to access the LM-30

Sign in to EFS for LM-2, LM-3 and LM-4

User ID

User Password

File Number -

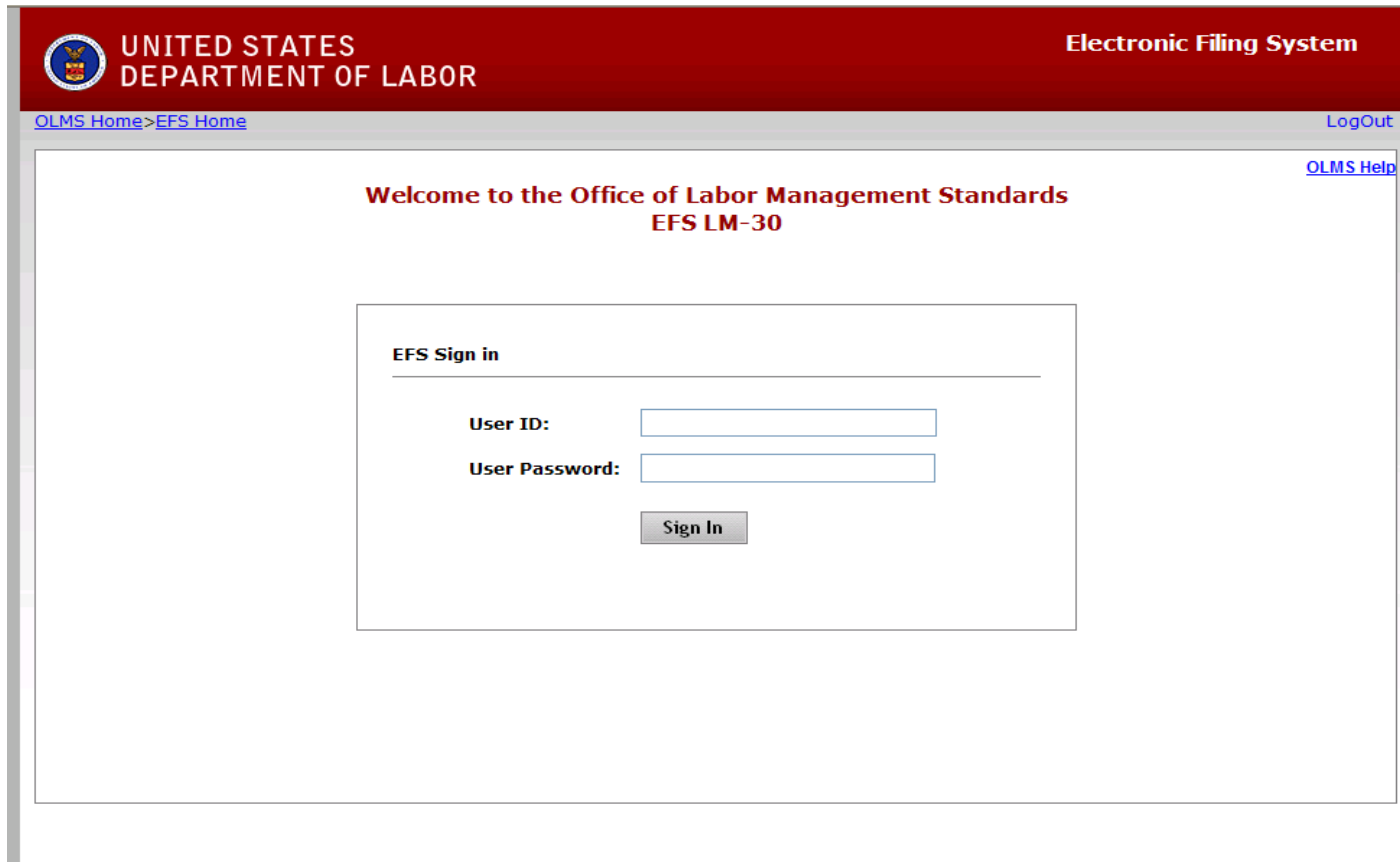
Union PIN

[Forgot your password?](#) [Forgot your User ID?](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Important Web Site Notices

Accessing the Form LM-30

Log into EFS using your user ID and password, and click Sign In.



The screenshot shows the login interface for the Electronic Filing System (EFS). At the top, there is a red header bar with the United States Department of Labor logo on the left, the text "UNITED STATES DEPARTMENT OF LABOR" in the center, and "Electronic Filing System" on the right. Below the header, there is a navigation bar with "OLMS Home > EFS Home" on the left and "LogOut" on the right. The main content area features a red heading: "Welcome to the Office of Labor Management Standards EFS LM-30". Below this heading is a white box titled "EFS Sign in" containing a horizontal line, a "User ID:" label with an adjacent text input field, a "User Password:" label with an adjacent text input field, and a "Sign In" button centered below the fields. A "OLMS Help" link is visible in the top right corner of the main content area.

Select User Type

You are asked to confirm whether you are a filer or preparer.
You should only select “filer” if you are the person who will be signing this report.

UNITED STATES DEPARTMENT OF LABOR Electronic Filing System

[OLMS Home>EFS Home](#) [LogOut](#)

SELECT USER TYPE

I AM FILER AND SIGNER OF REPORTS
 I AM A PREPARER WHO MAY BE WORKING ON MULTIPLE FORMS

Start a New Form LM-30 - Select the Start New Form Tab

There are three different ways you can start a new form:

- 1) If you have previously filed a Form LM-30 report, enter the File Number in the File Number box, and then press enter.

UNITED STATES DEPARTMENT OF LABOR Electronic Filing System

OLMS Home > EFS Home [LogOut](#)

Start New Form Progress Forms Submitted Forms Access Key

START A NEW FORM

Enter your file number if you know it, other wise you can find your information by searching by your name.


Report Type: LM-30 File Number: U- Search By First Name Last Name

File Numbers should be 5 digits and start with a U. This number can be found in box one of your previously filed Form LM-30.

I have never filed LM30

Start a New Form LM-30

2) Search for your name in the Search By fields. You can do a partial search. For example, you may enter just a last name and a first initial. Click the magnifying glass icon to search. If you locate your record, check the box to the left and click the Select button.

 **UNITED STATES DEPARTMENT OF LABOR**
Electronic Filing System

[OLMS Home](#) > [EFS Home](#) [LogOut](#)

Start New Form
Progress Forms
Submitted Forms
Access Key

START A NEW FORM

Enter your file number if you know it; otherwise, you can find your information by searching by your name.

Report Type: LM-30 File Number: U- Search By M Smith Q

File Number	Name	Street	City	State	Zip
<input checked="" type="checkbox"/> U-56958	MARY SMITH	5102 LABORERS WAY	MARION	IL	62959
<input type="checkbox"/> U-11471	MICHAEL SMITH	1422 EAST BROADWAY ST.	BRADLEY	IL	60915
<input type="checkbox"/> U-5557	MICHAEL D SMITH	2079 NW WALLUIA AVE	GRESHAM	OR	97030
<input type="checkbox"/> U-10188	MICHAEL SMITH	10 EAST 15TH STREET	NEW YORK	NY	10003
<input type="checkbox"/> U-10287	MICHAEL J SMITH	990 KALAMATH STREET, P.O. BOX 40	DENVER	CO	80204-0008
<input type="checkbox"/> U-9621	MONROE M SMITH	2750 LAKE VILLA DR., SUITE 204	METAIRIE	LA	70002-6783
<input type="checkbox"/> U-7220	MORRIS D SMITH	5311 TIMBER CREEK CIRCLE	NORTH LITTLE R	AR	72113
<input type="checkbox"/> U-5558	MYRTLE SMITH	1047 AVON PLACE	COCOA	FL	32922
<input type="checkbox"/> U-56704	THOMAS A SMITH	6 JACKSON DR, PO BOX 82	STONY POINT	NY	10980

Select

I have never filed LM30

Start a New Form LM-30

3) If you are sure you have not previously submitted a Form LM-30 report, you can select the “I Have Never Filed LM-30” button. The system will generate a file number for you beginning with U-. Please make a note of this number.

The screenshot shows the top navigation bar of the Electronic Filing System (EFS) for the United States Department of Labor. The header includes the department's name and logo on the left, and "Electronic Filing System" on the right. Below the header, there are navigation links for "OLMS Home" and "EFS Home", and a "LogOut" link. A menu bar contains four options: "Start New Form", "Progress Forms", "Submitted Forms", and "Access Key". The "Start New Form" section is active, displaying the heading "START A NEW FORM" and a prompt: "Enter your file number if you know it, other wise you can find your information by searching by your name." Below this, there are input fields for "Report Type" (set to "LM-30"), "File Number: U-" (with an empty text box), and "Search By" (with "FirstName" and "LastName" options and a search icon). At the bottom of the page, a button labeled "I have never filed LM30" is highlighted with a dashed arrow pointing to it.

LM-30 Forms In Progress

If you have previously started a Form LM-30, select the Forms In Progress tab. Click the link for the fiscal year to open the form for editing.

The screenshot displays the 'Electronic Forms System' interface for the 'UNITED STATES DEPARTMENT OF LABOR'. The navigation bar includes 'OLMS Home > EFS Home' and a 'LogOut' link. Below the navigation bar are four tabs: 'Start New Form', 'Forms In Progress', 'Submitted Forms', and 'Access Key'. The 'Forms In Progress' tab is active, showing a table with the following data:

Fiscal Year	Form Type	Amendment Version	
2011	LM-30		Delete

Form LM-30 – Submitted Forms

If you need to amend a Form LM-30 report that you previously submitted *through EFS*, select the Submitted Forms tab to view and retrieve it. You may then amend your report and submit it.

If you need to amend a Form LM-30 report that you originally submitted by *mail*, you may use EFS to file your amended report. However, you will have to start a new report and re-enter information on the form, since reports that were previously filed manually may not be viewed and retrieved in EFS.

UNITED STATES DEPARTMENT OF LABOR Electronic Filing System

[OLMS Home](#) [EFS Home](#) [LogOut](#)

Start New Form Forms In Progress Submitted Forms Access Key

SUBMITTED FORMS

Fiscal Year	Report Type	Date Submitted	Amendment Number
2011	LM-30	12/03/2012	0

LM-30 Access Key – How To Share Forms

The Access Key is a private key that gives filers the ability to allow others to help prepare the Form LM-30 report. A preparer, such as an accountant, can log into the EFS system using his or her own user ID and password, and can use the filer's Access Key to link up to the filer and view and edit reports. If forgotten, the Access Key can always be retrieved by clicking the Access Key tab.

A filer should only share this Access Key with individuals who are authorized to have access to the form. **At no time should filers or preparers share their user name and password with anyone else.** Every user of EFS should have his or her own user ID and password.

The screenshot displays the Electronic Filing System (EFS) interface. At the top, there is a red header bar with the United States Department of Labor logo on the left and the text "UNITED STATES DEPARTMENT OF LABOR" and "Electronic Filing System" on the right. Below the header, there are navigation links: "OLMS Home > EFS Home" and "LogOut". A horizontal menu contains four tabs: "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The "Access Key" tab is selected. The main content area is titled "ACCESS KEY" and shows "Access Key: 800408" with a "Generate New Access Key" button next to it.

LM-30 Access Key – Resetting the Access Key

A filer may need to change the Access Key to prevent unauthorized access to reports. For example, if an accountant is no longer employed by the filer, the filer may wish to change the Access Key to prevent the accountant from having continuing access to his/her forms.

To do this, click the Generate New Access Key button under the Access Key tab.

The screenshot displays the Electronic Filing System (EFS) interface. At the top, there is a red header bar with the United States Department of Labor logo on the left, the text "UNITED STATES DEPARTMENT OF LABOR" in the center, and "Electronic Filing System" on the right. Below the header, there are navigation links: "OLMS Home > EFS Home" on the left and "LogOut" on the right. A horizontal menu contains four tabs: "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The "Access Key" tab is selected. Below the tabs, the page title is "ACCESS KEY". The main content area shows "Access Key: 800408" followed by a "Generate New Access Key" button. There is a horizontal line below the button.

Navigating the Form LM-30 in EFS

www.olms.dol.gov

UNITED STATES DEPARTMENT OF LABOR **Electronic Filing System**

[EFS Home](#) > [LM30](#) [LogOut](#)

MAIN
ITEM 5
PART A
PART B
PART C
VALIDATION SUMMARY

Save Validate Submit Print Form Instructions

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

Form Approved
Office of Management and Budget
No. 1245-0005
Expires: 09-30-2014

This report is mandatory under P.L. 86-363, Section 101.

1. LM-30 File Number

2. Fiscal Year Covered From Through
(mm/dd/yyyy) (mm/dd/yyyy)

Street Address P.O. Box - Building and Room Number

City State ZIP + 4

3. Amended Report -
If this is an amended report, check here:

Email Address (Optional)

Note : Complete **PART A, B, of C** if during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

15. Signature and Verification
The undersigned 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.)

Signed: Date: Telephone Number:

Form LM-30 (Revised 2011)

Accessing Form LM-30 Instructions in EFS

While working on the Form LM-30 in EFS, you can click on the Form Instructions button to view the complete Form LM-30 instructions in a new window.

UNITED STATES DEPARTMENT OF LABOR **Electronic Filing System**

[EFS Home](#) > [LM30](#) [LogOut](#)

MAIN
ITEM 5
PART A
PART B
PART C
VALIDATION SUMMARY

Save Validate Submit Print **Form Instructions**

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

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved
Office of Management and Budget
No. 1245-0005
Expires: 09-30-2014

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

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number

2. Fiscal Year Covered From Through
(mm/dd/yyyy) (mm/dd/yyyy)

3. Amended Report -
If this is an amended report, check here:

4. Your Contact Information

First Name Middle Name Last Name

Street Address P.O. Box - Building and Room Number

City State ZIP + 4

Email Address (Optional)

Note : Complete **PART A, B, of C** if during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

15. Signature and Verification

The undersigned 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.)

Signed: Date: Telephone Number:

Entering Data into the Form LM-30 in EFS

Enter data in all fields. Fields that are “grayed out” indicate that you may not edit the data.

It is important to save your work often by clicking the Save button highlighted below. The form automatically saves your work when moving between pages.

The system will automatically log you out after 30 minutes of inactivity. If you do not save your work, you risk losing unsaved data.

UNITED STATES DEPARTMENT OF LABOR **Electronic Filing System**

[EFS Home](#) > [LM30](#) [LogOut](#)

MAIN Save Validate Submit Print Form Instructions

ITEM 5 U.S. Department of Labor **FORM LM-30** Form Approved
PART A Office of Labor-Management Standards **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT** Office of Management and Budget
Washington, DC 20210 No. 1245-0005
PART B Expires: 09-30-2014
PART C 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

VALIDATION SUMMARY PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number U-65015

2. Fiscal Year Covered From [] Through []
(mm/dd/yyyy) (mm/dd/yyyy)

3. Amended Report -
If this is an amended report, check here:

4. Your Contact Information

First Name	Middle Name	Last Name
John	Q	Smith
Street Address		P.O. Box - Building and Room Number
123 Main Street		Suite 789
City	State	ZIP + 4
Washington	DC	20210
Email Address (Optional)		
john.smith@factoryworkers.com		

Note : Complete **PART A, B, of C** if during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

15. Signature and Verification

The undersigned 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.)

Signed: [] Date: [] Telephone Number: []

Form LM-30 (Revised 2011)

Entering Data into the Form LM-30 in EFS

Searching within the Form LM-30

Item 5 and Parts A, B, and C provide the ability to search and add already established entities (e.g., labor organizations, represented employers, businesses, other employers and labor relations consultants) into the form. This improves efficiency by eliminating the need for filers to enter data that already exists in our database.

Item 5

If you know the labor organization’s 6-digit file number, you can enter it and then hit enter. Otherwise, use the search box to find the labor organization.

5. Labor Organization Identifying Information

1. File Number - Find or Add an Organization

Officer Employee

Your officer position or job title

Entering Data into the Form LM-30 in EFS

Searching within the Form LM-30

When you are searching within the Form LM-30, a box will pop up with a list of choices. You can refine the search by entering more data in the search fields. For example, here we added a city.

If you find the entity you are looking for, check the box on the left and click the “Add selected organization” button. If you have trouble finding the union, you can contact our help desk. Contact information can be found at the end of this presentation.

Search Labor Organization

Name of Organization	Unit Name	Designation
<input type="text" value="Factory"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State ZIP
<input type="text"/>	<input type="text" value="Washington"/>	<input type="text"/> <input type="text"/>

File Number	Labor Organization	Street	City	State	Zip
<input type="checkbox"/> 544653	FACTORY WORKERS	200 MAIN STREET	WASHINGTON	DC	20210

Entering Data into the Form LM-30 in EFS

Item 5

If you are affiliated with more than one labor organization, you may add another Item 5 entry by clicking the highlighted button below.

5. Labor Organization Identifying Information

1. File Number - Find or Add an Organization

FACTORY WORKERS
200 MAIN STREET,
WASHINGTON, DC, 20210.

Officer Employee

Your officer position or job title

Entering Data into the Form LM-30 in EFS

Parts A, B & C

You must first search to determine if the represented employer, business, labor relations consultant, or other employer for which you are reporting exists in our database. Enter the name in the search box and click the magnifying glass icon. The name and address fields will be “grayed out” until you search.

Save Validate Print Form Instructions < >

PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

- 1. Find, Add or Edit Employer

6. Name of represented employer

Contact

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Telephone <input type="text"/>
Street Address <input type="text"/>	P.O. Box - Building and Room Number <input type="text"/>	City <input type="text"/>	State <input type="text"/>
			ZIP + 4 <input type="text"/>

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan
If value is not known or cannot be estimated, please explain why

Delete Part A

Add Another Part A

Entering Data into the Form LM-30 in EFS

Parts A, B & C

Like in Item 5, searching for the entity (e.g., employer, business, etc.) in Parts A, B and C will generate a list of possible choices.

If you find the entity you are looking for, check the box on the left and click the “Add selected employer” button. If you are not sure of the organization, or if you do not see the one that you need, click the “Employer not found” button.

Search Represented Employer

Name of represented employer
Smith

Street Address City State ZIP
Seattle

If you do not see the exact employer you are looking for, click 'Employer not found'.

Employer	Street	City	State	Zip
<input type="checkbox"/> SMITH MCKENZIE ROTHWELL & BARLOW, P.S.	500 UNION STREET, SUITE 700	SEATTLE	WA	98101
<input type="checkbox"/> SMITH, DANIEL, INC.	4150 FIRST AVENUE SOUTH	SEATTLE	WA	98124-5568

Entering Data into the Form LM-30 in EFS

Parts A, B & C

If, after searching, you did not find an organization to select, you will now be able to enter information in Item 6. (You will see that the name and address fields are no longer “grayed out.”)

6. Name of represented employer

Contact

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Telephone <input type="text"/>
Street Address <input type="text" value="123 Main"/>	P.O. Box - Building and Room Number <input type="text"/>	City <input type="text"/>	State <input type="text" value=""/>
ZIP + 4 <input type="text"/>			

If you selected an organization that appeared in your search results, the data will be pre-filled. You will only need to enter contact information in Item 6.

You cannot change the organization’s name and address data. If the address that pops up is incorrect, you can return to the search screen by clicking the magnifying glass icon, and clicking “Employer Not Found.” Alternately, you may delete the record and start over.

6. Name of represented employer

Contact

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Telephone <input type="text"/>
Street Address <input type="text"/>	P.O. Box - Building and Room Number <input type="text" value="4150 FIRST AVENUE SOUTH"/>	City <input type="text" value="SEATTLE"/>	State <input type="text" value="WA"/>
ZIP + 4 <input type="text" value="98124-5568"/>			

Entering Data into the Form LM-30 in EFS

Parts A, B & C

If you enter a value in Item 7.b., you do not need an explanation, and this field becomes “grayed out.” If you do not know the value, you must explain why. In this case, the value field becomes gray. If you make a mistake, clicking save will again allow entry in both fields.

1. Find, Add or Edit Employer

6. Name of represented employer

Contact

First Name	Middle Name	Last Name	Telephone
<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Public"/>	<input type="text" value="222-222-2222"/>
Street Address	P.O. Box - Building and Room Number	City	State
<input type="text" value="123 Main Street"/>	<input type="text"/>	<input type="text" value="Anytown"/>	<input type="text" value="VA"/>
			ZIP + 4
			<input type="text" value="22222"/>

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan

If value is not known or cannot be estimated, please explain why

If you have more Part A, B or C information to enter, you can add another Part by clicking the button.

Entering Data into the Form LM-30 in EFS

Parts A, B & C

When you add another Part A, B or C, the first Part A, B or C that you entered becomes minimized. Clicking the plus sign to the left of the Employer name will expand the part so you can see all the data again.

PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

.....> + 1. Smith Inc

- 2. Find, Add or Edit Employer

6. Name of represented employer
 Same as previous employer

Contact

First Name	Middle Name	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	P.O. Box - Building and Room Number	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan
If value is not known or cannot be estimated, please explain why

Entering Data into the Form LM-30 in EFS

Parts A, B & C

If you have another transaction with the same employer, you can check the “Same as previous employer” box to automatically transfer Item 6 data. Please see the Form LM-30 instructions for how to enter data in this scenario.

+ 1.	Smith Inc				
- 2.	<input type="text" value="Search by employer name"/>	<input type="button" value="Q"/>	Find, Add or Edit Employer		
6. Name of represented employer					
<input type="text" value="Smith Inc"/>					<input checked="" type="checkbox"/> Same as previous employer
Contact					
<input type="button" value="Same as previous Employer"/>					
First Name	Middle Name	Last Name		Telephone	
<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Public"/>		<input type="text" value="222-222-2222"/>	
Street Address	P.O. Box - Building and Room Number	City	State	ZIP + 4	
<input type="text" value="123 Main Street"/>	<input type="text"/>	<input type="text" value="Anytown"/>	<input type="text" value="VA"/>	<input type="text" value="22222"/>	

Printing the Form LM-30

You can print a copy of the Form LM-30 for review by clicking the Print button on the menu bar. A printable PDF copy of the report will then pop up. *Note: You must have a PDF viewer like Adobe Reader installed on your machine to perform this function.*

The screenshot shows the Electronic Forms System (EFS) interface for the U.S. Department of Labor. The top navigation bar includes the department logo and the text "Electronic Forms System". Below this, a menu bar contains "Save", "Validate", "Submit", "Print", and "Form Instructions". A sidebar on the left lists navigation options: "MAIN", "ITEM 5", "PART A", "PART B", "PART C", and "VALIDATION". The main content area displays the "FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT" with a "Form Approved" stamp from the Office of Management and Budget, No. 1245-0005, expiring 09-30-2014. A warning message states: "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. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT." Below this, section "4. Your Contact Information" is visible.

The overlaid Adobe Acrobat PDF viewer window shows the same form content. The form includes the following fields:

- U.S. Department of Labor**, Office of Labor-Management Standards, Washington, DC 20210
- FORM LM-30**, LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT
- Form Approved**, Office of Management and Budget, No. 1245-0005, Expires: 09-30-2014
- For Official Use Only: **E**
- PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
- 1. LM-30 File Number: U- **94902**
- 2. Fiscal Year Covered: from **01/01/2011** through **12/31/2011**
- 3. Amended report- If this is an amended report, check here:
- 4. Your Contact Information:
 - Name (first,middle,last): **Mary Smith**
 - Street address: **200 C Street**
 - City: **WASHINGTON**, State: **DC**, ZIP: **20210**
 - Email address (optional): **williford.lisa@dol.gov**
- 5. Labor Organization Identifying Information:
 - Name: **FACTORY WORKERS**
 - Street address: **200 MAIN STREET**
 - City: **WASHINGTON**, State: **DC**, ZIP: **20210**
 - File Number: **544-653**
 - Officer: Employee:
 - Your officer position or job title: **President**
- Complete PART A, B, or C if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.
- PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.
 - 6. Name of represented employer: **Smith Inc**
 - 7.a. Nature of interest, transaction, benefit, arrangement, income, or loan: **Tickets to the game**

Form LM-30 Validation

The Form Validation process ensures that the form contains all required data. You must click the “**Validate**” button on the menu bar to perform an error check on the entire form.

The validation summary page shows the list of errors that must be corrected before you are able to sign and submit the Form LM-30 report.

Print Form Instructions

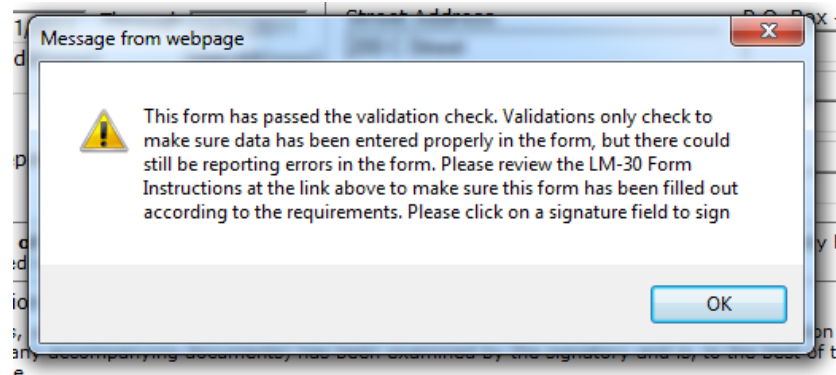
VALIDATION SUMMARY PAGE

1. [Item 4: Please enter the name of the city.](#)
2. [Part A, Row 2, Item 7.a.: Please enter nature of interest, transaction, benefit, arrangement, income or loan. If you are not sure what to enter, please consult the instructions by clicking the Form Instructions link above.](#)
3. [Part A, Row 2, Item 7.b.: Please enter the approximate dollar amount or value. If the value cannot be estimated, please explain why in Item 7.b.](#)

Click on the item to go directly to the page where the item can be corrected. For more information on what should be provided for these items, consult the Form LM-30 instructions.

Signing the LM-30 Form

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



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

arrangement with, or received income, payment, or benefit from the entities described below.

15. Signature and Verification

The undersigned 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.

Signed: [Click Here to Sign](#) Date: Telephone Number:

Note: In order to sign the form, users must have an established user account and must log into EFS with their account information to sign the form. Preparers cannot sign the form on behalf of filers.

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. It is considered forgery to digitally sign a form as someone else.

LM30 LogOut

Save Validate Submit Print Form Instructions

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

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved
Office of Management and Budget
No. 1245-0005
Expires: 09-30-2014

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number

2. Fiscal Year Covered From Through
(mm/dd/yyyy) (mm/dd/yyyy)

3. Amended Report -
If this is an amended report, check here:

Note : Complete **PART A, B, of C** if during the past fiscal year arrangement with, or received income, payment, or benefit from

15. Signature and Verification
The undersigned declares, under penalty of perjury and of information contained in any accompanying documents) has true, correct and complete.

Signed: [Click Here to Sign](#) Date: _____ Telephone Number: _____

Officer/Employee's Signature

By entering my name and password below, I attest that I am **Mary 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

Middle Initial

Last Name

Date

Password

Phone Number

Signing the Form

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

UNITED STATES DEPARTMENT OF LABOR
Electronic Forms System

[FS Home](#) > [LM30](#) [LogOut](#)

[Save](#) | [Validate](#) | [Submit](#) | [Print](#) | [Form Instructions](#)

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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT	Form Approved Office of Management and Budget No. 1245-0005 Expires: 09-30-2014												
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 in 29 U.S.C. 439 or 440														
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.														
1. LM-30 File Number <input type="text" value="U-64902"/>	4. Your Contact Information <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 33%;"><input type="text" value="Mary"/></td> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text" value="Smith"/></td> </tr> <tr> <td colspan="2"><input type="text" value="200 C Street"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="Washington"/></td> <td>State <input type="text" value="DC"/></td> <td>ZIP + 4 <input type="text" value="20210"/></td> </tr> <tr> <td colspan="3"><input type="text" value="williford.lisa@dol.gov"/></td> </tr> </table>		<input type="text" value="Mary"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text" value="200 C Street"/>		<input type="text"/>	<input type="text" value="Washington"/>	State <input type="text" value="DC"/>	ZIP + 4 <input type="text" value="20210"/>	<input type="text" value="williford.lisa@dol.gov"/>		
<input type="text" value="Mary"/>	<input type="text"/>	<input type="text" value="Smith"/>												
<input type="text" value="200 C Street"/>		<input type="text"/>												
<input type="text" value="Washington"/>	State <input type="text" value="DC"/>	ZIP + 4 <input type="text" value="20210"/>												
<input type="text" value="williford.lisa@dol.gov"/>														
2. Fiscal Year Covered From <input type="text" value="01/01/2011"/> Through <input type="text" value="12/31/2011"/> <small>(mm/dd/yyyy) (mm/dd/yyyy)</small>	3. Amended Report - If this is an amended report, check here: <input type="checkbox"/>													
Note : Complete PART A, B, of C if during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.														
15. Signature and Verification The undersigned 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.														
Signed: <input type="text" value="Mary Smith"/>	Date: <input type="text" value="12/13/2012"/>	Telephone Number: <input type="text" value="202-555-1212"/>												

You Should Always Save a Signed Copy of the Report before Submitting the Form

Click the Print button and click “File→ Save As” from the Adobe menu to save a signed copy of the report as a PDF to your computer.

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

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved
Office of Management ar
No: 1245-
Expires: 09-30

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
E

64902

1. LM-30 File Number: U-
2. Fiscal Year Covered: from
3. Amended report- If this is a
4. Your Contact Information

Name (first,middle,last) M
Street address 200 C Stre
City Washington
Email address (optional) w

Complete PART A, B, or
benefit from the entities de

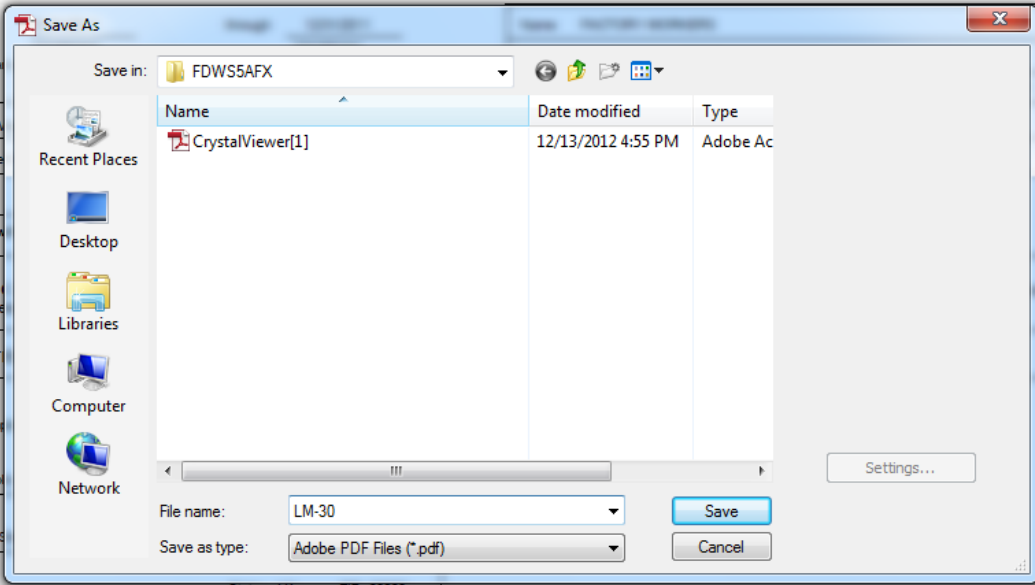
PART A - REPRESENT

6. Name of represented em
Contact name John Q Pub
Street address 123 Main S
City Anytown State VA ZIP 22222

5. Labor Organization Identifying Information

ZIP 20210

nd income, paym

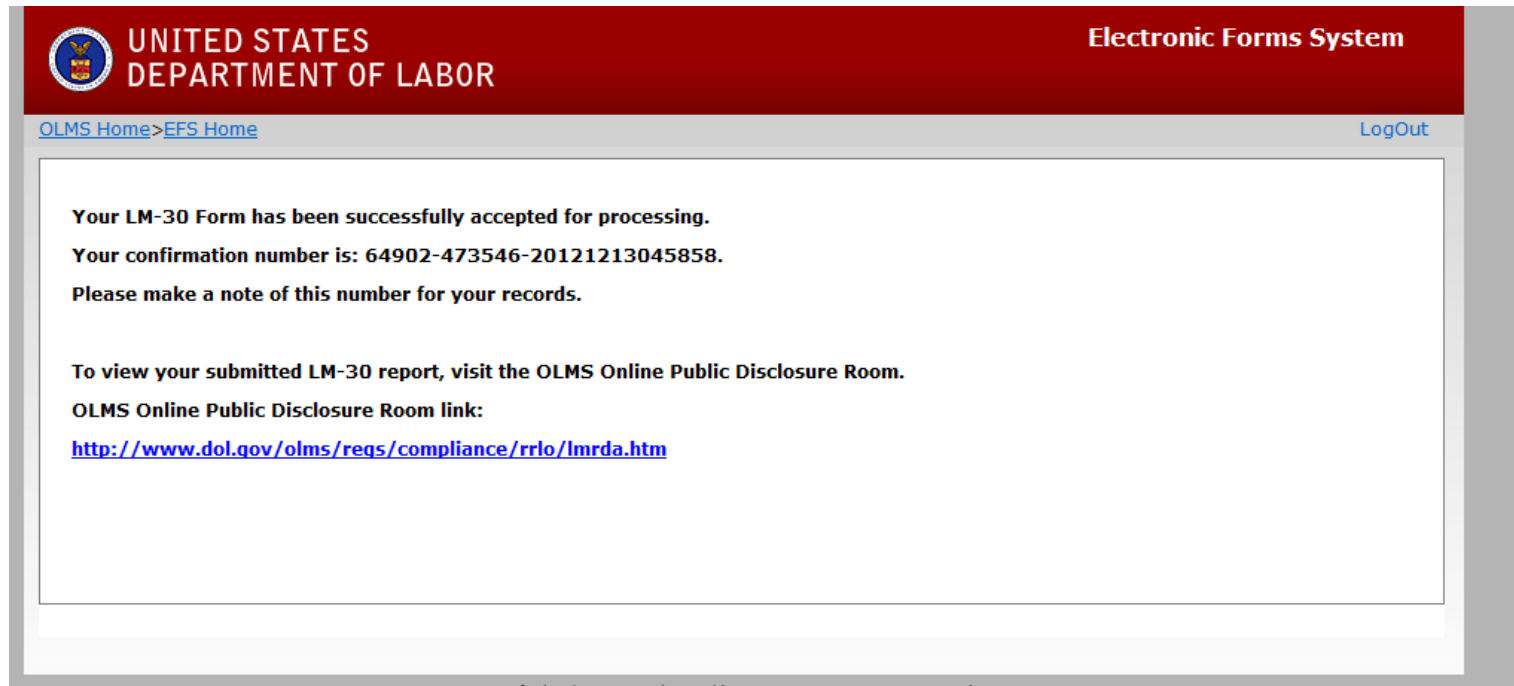


Note: You can also obtain a copy of the submitted report from the OLMS Online Public Disclosure Room site. Please see the next slide for information on this.

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:



You can print this message by using the print option on your browser, 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.

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 at: www.dol.gov/olms/regs/compliance/efs/efshelp.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.