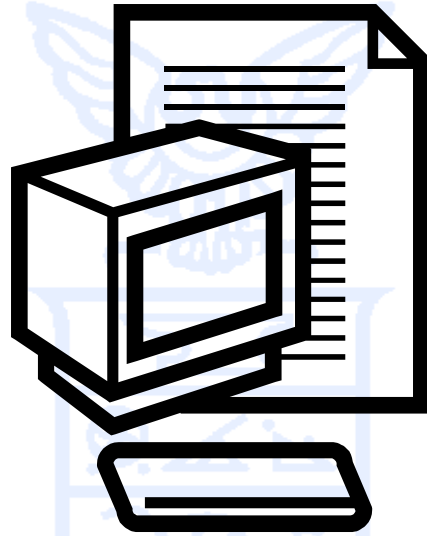


# ELECTRONIC FORMS SYSTEM (EFS)

## Guide to Preparing the LM-2



Office of Labor-Management Standards (OLMS)

<http://www.olms.dol.gov>

# ELECTRONIC FORMS SYSTEM (EFS)

## LM-2

EFS is a web-based system for completing and filing Form LM-2 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-2 form. It does not contain instructions for what information should be provided on your report.

You can download a complete set of LM-2 Instructions from:

<http://www.dol.gov/olms/regs/compliance/EFS/EFShelp.htm>

## System Requirements and Settings



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

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

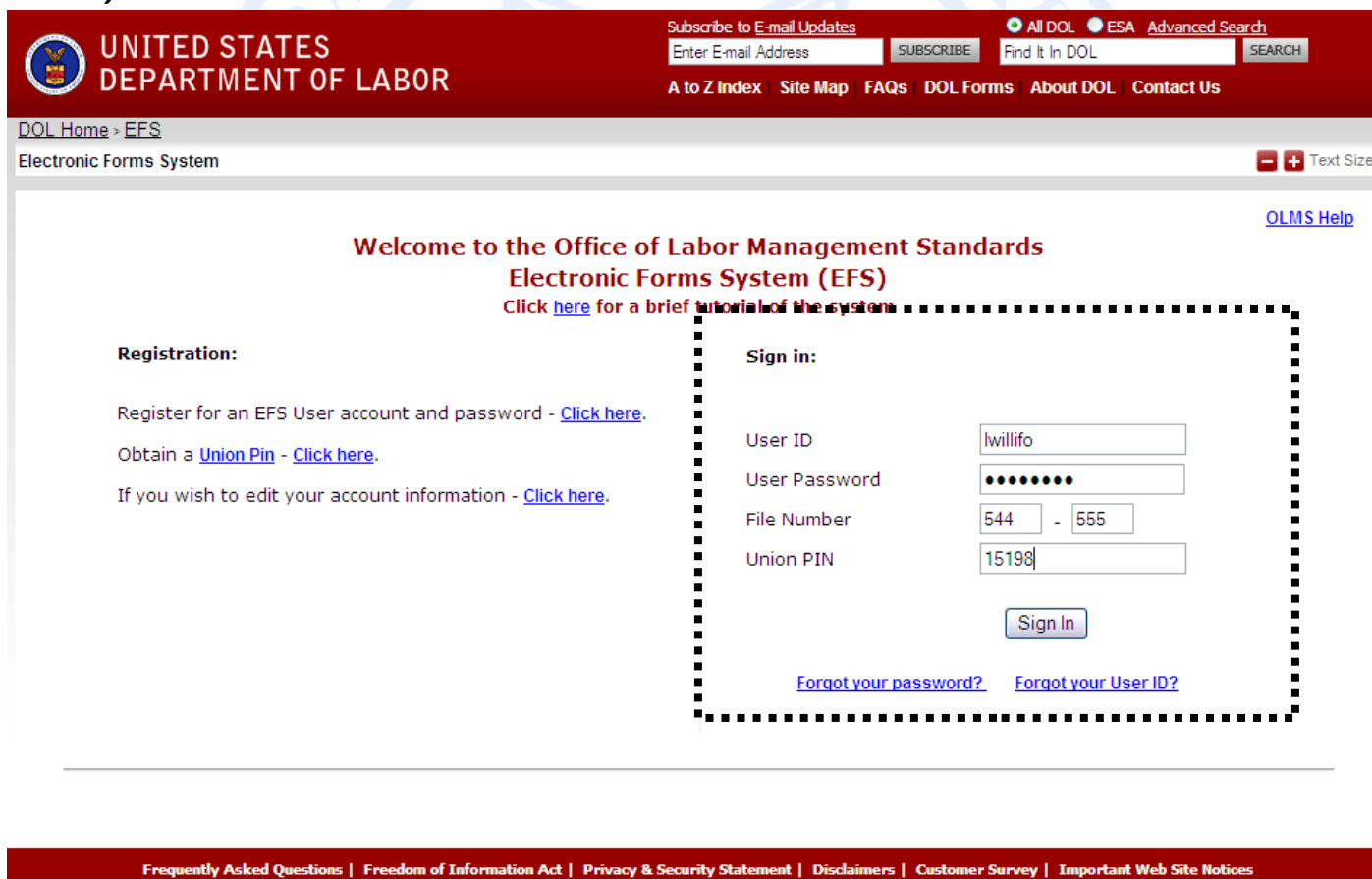
Screen Resolution:

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

# Accessing the System

Log into EFS using your user ID and password and the filing union's six digit file number and unique union PIN.

(Please see the tutorial on how to register if you do not have a user ID or a union PIN.)



The screenshot shows the Electronic Forms System (EFS) login page. At the top, there is a red navigation bar with the United States Department of Labor logo and name on the left. On the right, there are links for 'Subscribe to E-mail Updates' (with an input field and 'SUBSCRIBE' button), 'All DOL', 'ESA', 'Advanced Search', and 'Find It In DOL' (with an input field and 'SEARCH' button). Below these are links for 'A to Z Index', 'Site Map', 'FAQs', 'DOL Forms', 'About DOL', and 'Contact Us'. The main content area has a breadcrumb trail 'DOL Home > EFS' and 'Electronic Forms System' with a 'Text Size' control. The central heading reads 'Welcome to the Office of Labor Management Standards Electronic Forms System (EFS)'. Below this is a link for 'Click here for a brief tutorial of the system'. The page is divided into two sections: 'Registration:' and 'Sign in:'. The 'Registration:' section includes links for 'Register for an EFS User account and password - Click here.', 'Obtain a Union Pin - Click here.', and 'If you wish to edit your account information - Click here.'. The 'Sign in:' section contains a form with fields for 'User ID' (containing 'lwillifo'), 'User Password' (masked with dots), 'File Number' (with sub-fields '544' and '555'), and 'Union PIN' (containing '15198'). A 'Sign In' button is located below the form. At the bottom of the sign-in section are links for 'Forgot your password?' and 'Forgot your User ID?'. A footer bar at the very bottom contains links for 'Frequently Asked Questions', 'Freedom of Information Act', 'Privacy & Security Statement', 'Disclaimers', 'Customer Survey', and 'Important Web Site Notices'.

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.)

[Logout](#)

**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-2 with your Union's information.

Fiscal Year Selected

Form Selected

**Period Covered**

Begin Date

End Date

**You must change the "period covered" dates before obtaining the form**

# LM-2 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled, as are the start-of-period figures on Statement A.

www.olms.dol.gov

<b>PAGE 1</b>	<a href="#">Save</a>	<a href="#">Import</a>	<a href="#">Add Attachments</a>	<a href="#">Validate</a>	<a href="#">Submit</a>	<a href="#">Help</a>	<a href="#">Print</a>	
<b>PAGE 2</b>	<b>FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT</b>						Form Approved Office of Management and Budget No. 1215-0188 Expires: 09-11-2011	
<b>STMT A</b>	U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210						MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP	
<b>STMT B</b>	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							
<b>SCH 1</b>	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
<b>SCH 2</b>	For Official Use Only		1. FILE NUMBER		2. PERIOD COVERED		3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/>	
<b>SCH 3</b>	E		544-555		From 01/01/2010 Through 12/31/2010		(b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/>	
<b>SCH 4</b>							(c) TERMINAL - If This is a terminal report, check here: <input type="checkbox"/>	
<b>SCH 5</b>	4. AFFILIATION OR ORGANIZATION NAME				8. MAILING ADDRESS (Type or print in capital letters)			
<b>SCH 6</b>	FACTORY WORKERS				First Name		Last Name	
<b>SCH 7</b>	5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		JOHN		SMITH	
<b>SCH 8</b>					P.O Box - Building and Room Number			
<b>SCH 9</b>					ROOM 1A			
<b>SCH 10</b>	7. UNIT NAME (if any)				Number and Street			
<b>SCH 11</b>	PITTSBURGH REGION				1234 MAIN STREET			
<b>SCH 12</b>					City			
<b>SCH 13</b>					PITTSBURGH			
<b>SUMMARY</b>	9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.)				State			
<b>SCH 14</b>	Yes <input type="radio"/>				PA			
<b>SCH 15</b>	No <input type="radio"/>				ZIP Code + 4		54321-1234	
<b>SCH 16</b>	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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)							
<b>SCH 17</b>	70. SIGNED:		PRESIDENT		71. SIGNED:		TREASURER	
<b>SCH 18</b>			(If other title, see instructions)				(If other title, see instructions)	
<b>SCH 19</b>	Date:		Telephone Number:		Date:		Telephone Number:	
<b>SCH 20</b>								
<b>ADDNL INFO</b>								
<b>VALIDATION SUMMARY</b>								

[Add Additional Signatures](#)

# 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**  
**STMT A**  
**STMT B**  
**SCH 1**  
**SCH 2**  
**SCH 3**  
**SCH 4**  
**SCH 5**  
**SCH 6**  
**SCH 7**  
**SCH 8**  
**SCH 9**  
**SCH 10**  
**SCH 11**  
**SCH 12**  
**SCH 13**  
**SUMMARY**  
**SCH 14**  
**SCH 15**  
**SCH 16**  
**SCH 17**  
**SCH 18**  
**SCH 19**  
**SCH 20**  
**ADDNL INFO**  
**VALIDATION SUMMARY**

[Save](#) [Import](#) [Add Attachments](#) [Validate](#) [Submit](#) [Help](#) [Print](#)

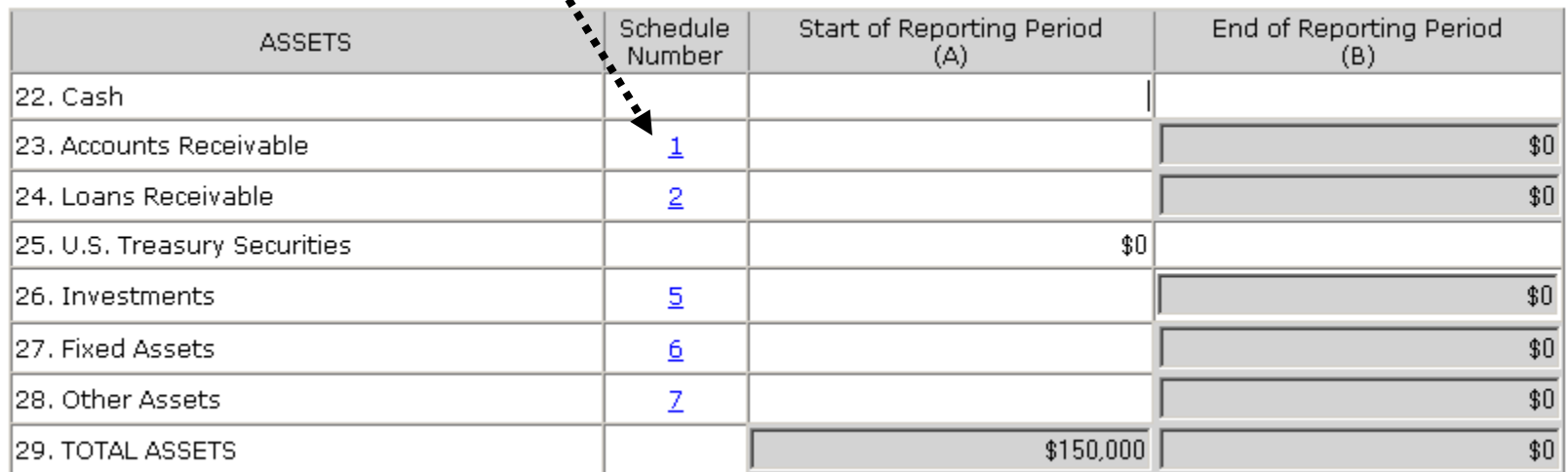
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		<b>FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT</b>		Form Approved Office of Management and Budget No. 1215-0188 Expires: 09-11-2011			
MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP							
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		2. PERIOD COVERED			
E		544-555		MO DAY YEAR			
				From 01/01/2010			
				Through 12/31/2010			
3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/>			3. (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/>				
			3. (c) TERMINAL - If This is a terminal report, check here: <input type="checkbox"/>				
4. AFFILIATION OR ORGANIZATION NAME			8. MAILING ADDRESS (Type or print in capital letters)				
FACTORY WORKERS			First Name				
			JOHN				
			Last Name				
			SMITH				
5. DESIGNATION (Local, Lodge, etc.)			P.O Box - Building and Room Number				
			ROOM 1A				
6. DESIGNATION NUMBER			Number and Street				
			1234 MAIN STREET				
7. UNIT NAME (if any)			City				
PITTSBURGH REGION			PITTSBURGH				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.)			State				
Yes <input type="radio"/>			PA				
No <input type="radio"/>			ZIP Code + 4				
			54321-1234				
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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)							
70. SIGNED:		PRESIDENT		71. SIGNED:		TREASURER	
		(If other title, see instructions)				(If other title, see instructions)	
Date:		Telephone Number:		Date:		Telephone Number:	

[Add Additional Signatures](#)

## Navigation

There are links throughout the form to take you to other parts of the form.

For example, the statement totals have links to their corresponding schedules.



ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	<a href="#">1</a>		\$0
24. Loans Receivable	<a href="#">2</a>		\$0
25. U.S. Treasury Securities		\$0	
26. Investments	<a href="#">5</a>		\$0
27. Fixed Assets	<a href="#">6</a>		\$0
28. Other Assets	<a href="#">7</a>		\$0
29. TOTAL ASSETS		\$150,000	\$0



# 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.

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which is a trust or other fund or organization (1) which was created or established by a labor organization, or one or more of the trustees or one or more members of the governing body of which is selected or appointed by a labor organization, and (2) a primary purpose of which is to provide benefits for the members of such labor organization or their beneficiaries.

Yes  No

19. What is the date of the labor organization's next regular election of officers?

12/2010

MM/YYYY

20. How many members did the labor organization have at the end of the reporting period?(Total from the 'Members' row of Schedule 13)

The system enters the Total from Schedule 13

# 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.

EF Home > LM2 Home Logout

Electronic Filing System

PAGE 1  
PAGE 2  
STMT A  
STMT B  
SCH 1  
SCH 2  
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SCH 11  
SCH 12  
SCH 13  
SUMMARY  
SCH 14  
SCH 15  
SCH 16  
SCH 17  
SCH 18  
SCH 19  
SCH 20  
ADDNL INFO  
VALIDATION

Save & Calculate Import Add Attachments Validate **Help** Print

COMPLETE ITEMS 10 THROUGH 21 FILE NUMBER: 544-555

U.S. Department of Labor — Office of Labor-Management Standards (OLMS) LM-2 Instructions - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: http://www.dol.gov/olms/regs/compliance/efs/LM2page2.htm

UNITED STATES DEPARTMENT OF LABOR

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Contact Us

Office of Labor-Management Standards (OLMS)

< Page 1 Statement A >

INFORMATION ITEMS 10-21

Answer Items 10 through 21 as instructed. Select the appropriate box for those questions requiring a "Yes" or "No" answer; do not leave both boxes blank. Enter a single "0" in the boxes for items requiring a number or dollar amount if there is nothing to report.

**10. TRUSTS OR FUNDS** — Answer "Yes" to Item 10, if the labor organization has an interest in a trust as defined in 29 U.S.C. 402(l) (see Section X of the Form LM-2 Instructions). Provide in Item 69 (Additional Information) the full name, address, and purpose of each trust. Also include in Item 69 the fiscal year ending date for any trust for which a Form T-1 is filed if the trust's fiscal year is different from that of the labor organization. If no Form T-1 is required to be filed on the trust because (1) the trust had annual receipts of less than \$250,000 during the trust's most recent fiscal year or (2) the labor organization's financial contribution to the trust or the contribution made on the labor organization's behalf, or as a result of a negotiated agreement to which the labor organization is a party, is less than \$10,000, the labor organization should also report the amount of the contribution in Item 69 and, if the contribution was made by the labor organization itself, in the appropriate disbursement item in Statement B. Additionally, if no Form T-1 is filed because financial information is already available as a result of the disclosure requirements of another Federal statute, list the name of any government agency, such as the Employee Benefits Security Administration (EBSA) of the Department of Labor, with which the trust files a publicly available report, and the relevant file number of the trust, or otherwise indicate where the relevant report may be viewed. See Instructions for Form T-1, Trust Annual Report, for guidance on reporting the assets, liabilities, receipts, disbursements, and other information about these entities.

If the answer to any of

## Menu Items

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

Save & Calculate

Import

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 Save and Calculate 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. **Import** – Click this item to open the Import page for importing schedule data. You can import into any schedule by clicking this link. You do not need to have a schedule open to import data for its completion.
3. **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.
4. **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.
5. **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/EFS/EFShelp.htm>.
6. **Print** – Click this item to open a facsimile of the electronically completed LM-2. 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 - Trust or Fund**

Please provide the full name, address, and purpose of each trust. Also include the fiscal year ending date for any trust for which a Form T-1 is filed if the trust's fiscal year is different from that of the labor organization. If no form T-1 is required to be filed on the trust, the labor organization should also report amount of contribution and, if the contribution was made by the labor organization itself, in appropriate disbursement item in statement B. Additionally if no form T-1 is filed because financial information is already available as result of disclosure requirements of another Federal statute, list the name of any government agency with which the trust files publicly available report, and the relevant file number of the trust, or otherwise indicate where relevant report may be viewed.

**Please Note:** Once you begin entering information, you must press SAVE or ENTER LATER button to exit the Additional Information data entry process.

FWC, INC  
555 Main Street

Yes  **AI** ← ..... Additional Information entered  
No

Yes  **\*AI** ← ..... Additional Information needs  
No  to be entered

# Additional Information

SCH 18

SCH 19

SCH 20

**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.

**General Information**

Save & Calculate    Import    Add    /validate    **General Information**    Print

69.ADDITIONAL INFORMATION SUMMARY FILE NUMBER:544-555

1Question 10: FWC, INC  
555 Main Street

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

69.ADDITIONAL INFORMATION SUMMARY

1Question 10: FWC, INC  
555 Main Street

# Entering Data into the Form

There are two ways to enter schedule data in the form: manually entering data and importing data.

Manual entry may require you to add more rows to a schedule. A blank schedule in EFS has 10 rows. If you need more than 10 rows, click the “Add” button located at the top of each schedule. This will add an additional 10 rows.

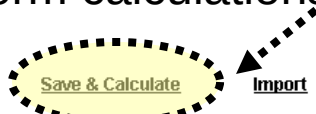
[Save & Calculate](#)   [Import](#)   [Add Attachments](#)   [Validate](#)   [Help](#)   [Print](#)

**SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE**      FILE NUMBER: 544-555

	Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total of all itemized accounts receivable					
Total from all other accounts receivable					
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))					

# Entering Data into the Form

After entering data in a schedule, click the Save & Calculate link to perform calculations.



[Save & Calculate](#)    [Import](#)    [Add Attachments](#)       [Validate](#)    [Help](#)    [Print](#)

**SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE**      [Add Accounts Receivable](#)      FILE NUMBER: 544-555

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1 K. Thomas	\$1,000			
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total of all itemized accounts receivable				
Total from all other accounts receivable				
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

(A)	(B)
1 K. Thomas	\$1,000
2	
3	
4	
5	
6	
7	

The calculated totals will display in the Totals fields:

10		
Total of all itemized accounts receivable	\$1,000	
Total from all other accounts receivable		
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))	\$1,000	

# Entering Data into the Form

The schedule data carries forward to the statements.

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		AI	
23. Accounts Receivable	<u>1</u>		\$1,000
24. Loans Receivable	<u>2</u>		\$0
25. U.S. Treasury Securities		\$0	
26. Investments	<u>5</u>		\$0
27. Fixed Assets	<u>6</u>		\$0
28. Other Assets	<u>7</u>		\$0
29. TOTAL ASSETS		\$0	\$1,000





## Importing Data into the Form

To import data into the form, click the Import link on the top menu bar.



Select the schedule from the dropdown menu. Schedules 14-19 require two import files: one for master records and one for detail records.

### IMPORT SCHEDULES

Select Source Of Import Data

Select Schedule

Select Import File

Select Detail Import File

A file in CVS or XML format is required to import data. These are the same formats used in the previous Form LM-2 system. For detailed information on creating import files, download the Data Specification Document found on the OLMS website at:

<http://www.dol.gov/olms/regs/compliance/dsd.htm>

# Importing Data into the Form

Click Browse to select the file to be imported.

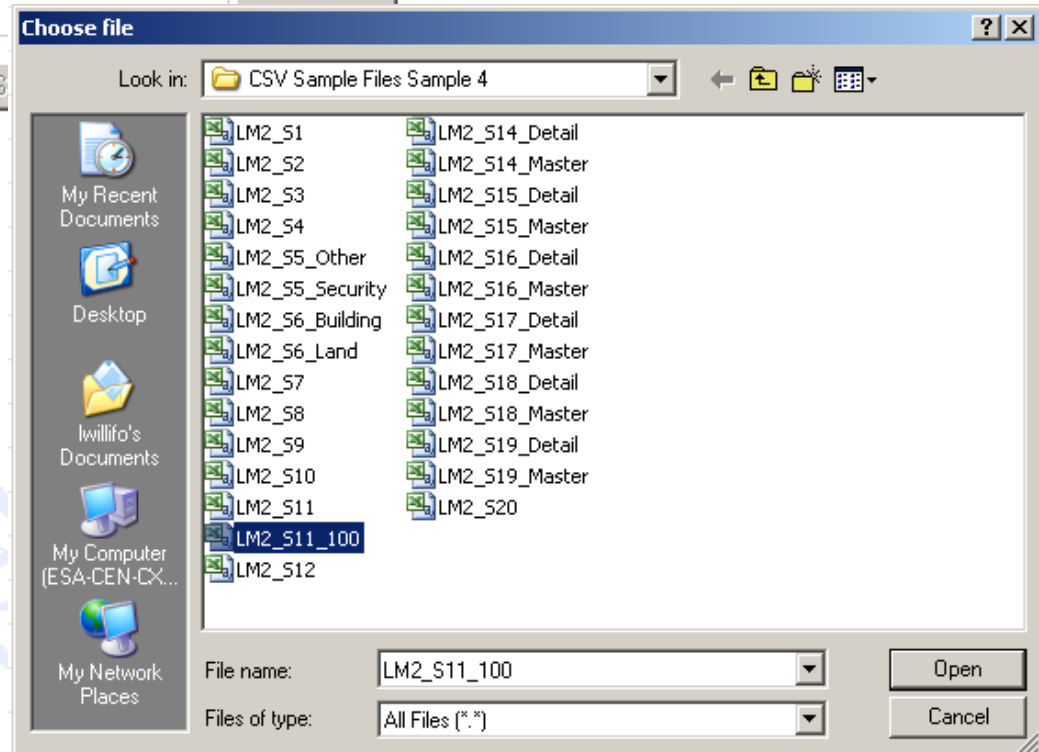
## IMPORT SCHEDULES

Select Source Of Import Data

Select Schedule

Select Import File

Select Detail Import File




## Importing Data into the Form

Click Submit to import the data file. If the import is successful, the data will display in the schedule. Click the **Save & Calculate** link before moving to the next schedule.

### Note:

Large import files will import quickly, but saving the imported files to the database will take some time. An hourglass icon or the “Please wait” indicator bar shown below will let you know the system is working to save the data. Please be patient when working with large amounts of data.

Lobbying	10%	Schedule 17 Contributions	0%	Schedule 18 General Overhea
\$0	Please wait.... 			

# Importing Data into the Form

If any formatting problems are found in the data file during import, a list of errors needing correction will appear.

The import operation failed to complete. Import file has following errors.

Source Of Import  
Data: CSV  
Selected Schedule: officerDisbursements  
Import File: Y:\E.LORS UAT\EFS UAT\GROUP 4\CSV SAMPLE FILES SAMPLE 4 2-16-10\CSV SAMPLE FILES SAMPLE 4  
\LM2\_S11\_ERROR.CSV

## Error/Warning Messages

```
Error:line 2:column5:Field 'status' is not a valid officerStatus.  
Error:line 7:column3:The required field 'last' was not provided.  
Processed 99 input lines.  
2 errors, 0 warnings.
```

You can save and print the error report to help with the correction process.

All errors must be corrected before the file can be imported.

The Data Specification Document located on the OLMS website gives detailed guidance on the required data schema.

Save Print

## Attachments: Attaching Supplemental Data

As with the previous forms system, EFS allows you to attach data, such as constitutions and bylaws, that may be required to be submitted with the report.

To begin the process of adding an attachment, click the Add Attachments link on the top menu bar.

[Add Attachments](#)

Note: While the system does not prevent them from being uploaded, certain file formats cannot be read by our system. The following file formats **can** be read:

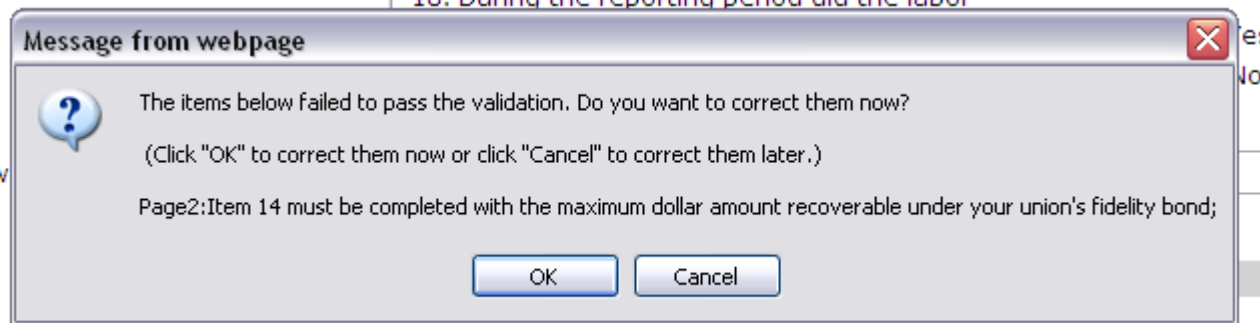
- Adobe PDF
- Microsoft Word
- Microsoft Excel
- Rich Text Format
- HTML
- Standard Picture formats JPEG, BMP, GIF
- Text files



## 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.

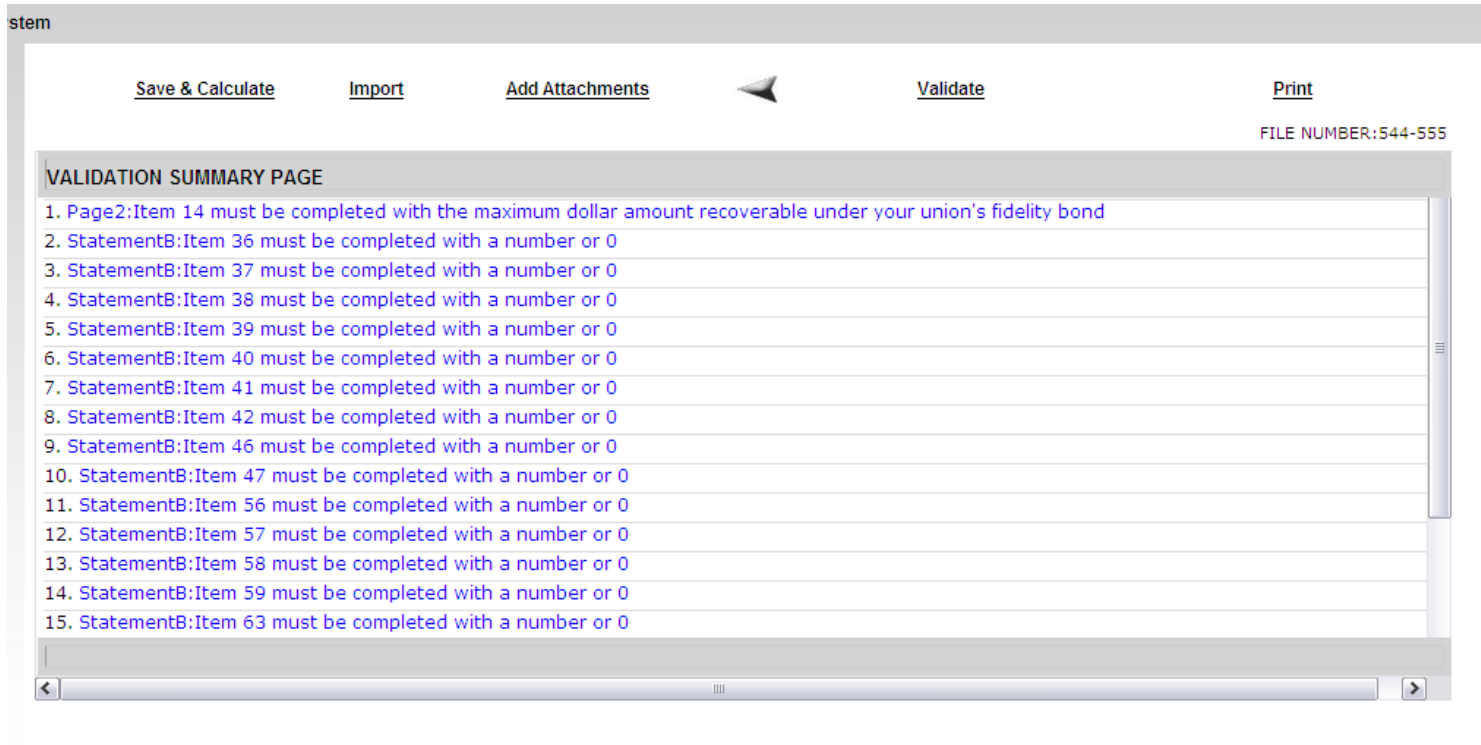


If you click **OK** you can correct the item before leaving the page.

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.



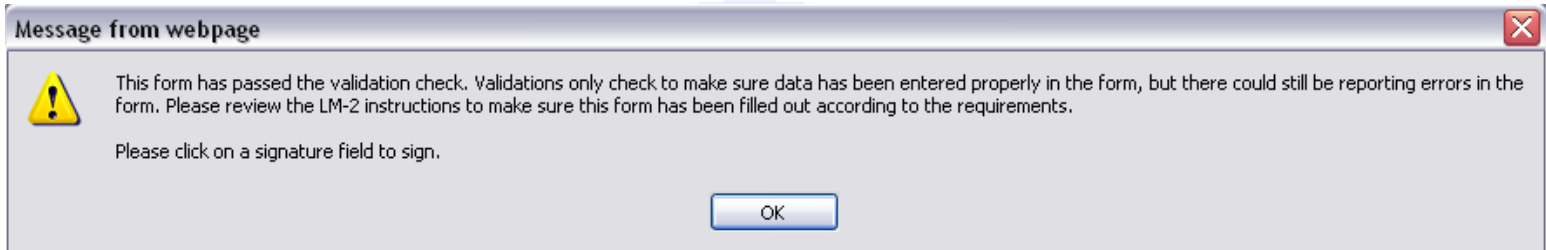
The system will open the Validation Summary Page containing a list of items that must be corrected.

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

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



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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

70. SIGNED:	<b>Click Here to Sign</b>	PRESIDENT	71. SIGNED:	<b>Click Here to Sign</b>	TREASURER		
		(If other title, see instructions)			(If other title, see instructions)		
Date:	<input type="text"/>	Telephone Number:	<input type="text"/>	Date:	<input type="text"/>	Telephone Number:	<input type="text"/>

**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.

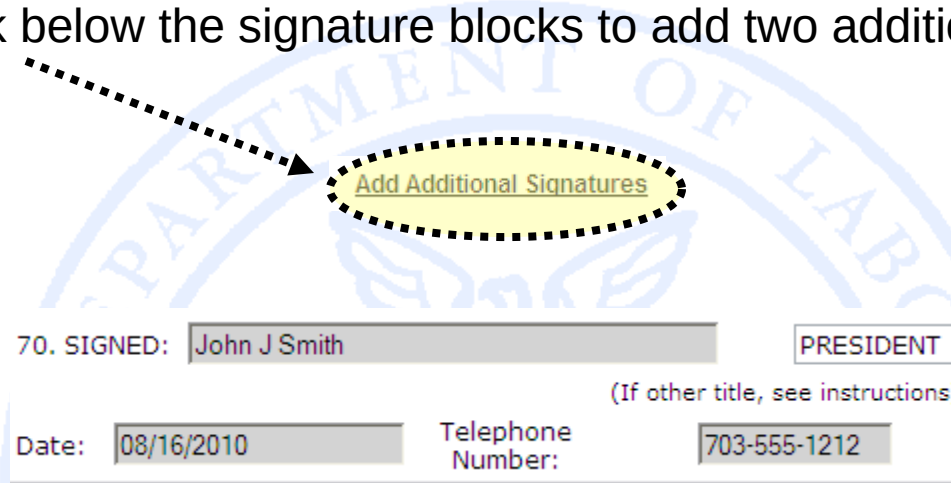
**President's Signature**

By entering my name and password below, I attest that I am **John J 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	<input type="text" value="John"/>
Middle Initial	<input type="text" value="J"/>
Last Name	<input type="text" value="Smith"/>
Date	<input type="text" value="08/16/2010"/>
Password	<input type="password" value="••••••••"/>
Phone Number	<input type="text" value="7035551212"/>

## Signing the Form

A minimum of two signatures are required to submit the report. If there is a need to apply more signatures on the form, click the Add Additional Signatures link below the signature blocks to add two additional signature blocks.

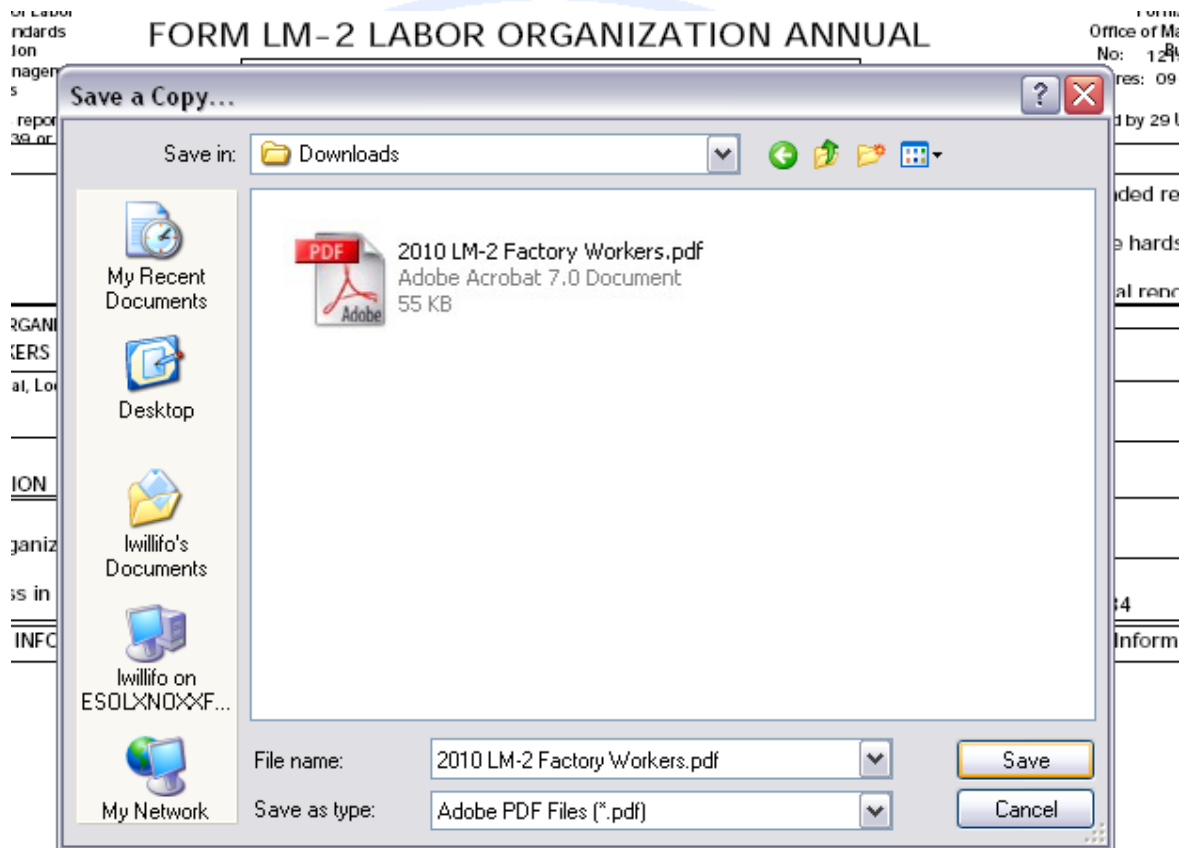


The screenshot shows a portion of a form with a large, faint watermark of the Department of Labor seal in the background. A dashed arrow points from the text above to a yellow oval containing the text "Add Additional Signatures". Below this, the form includes a signature field with the name "John J Smith" and a title field with "PRESIDENT". A note "(If other title, see instructions)" is positioned below the title field. At the bottom, there are fields for "Date:" (08/16/2010) and "Telephone Number:" (703-555-1212).

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 As 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:

Submit

Logout

Your LM-2 Form has been successfully accepted for processing.  
Your confirmation number is: 544555-400100-20100816120314  
Please make a note of this number for your records.

To view your submitted LM-2 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 at the following URL:

<http://www.dol.gov/olms/regs/compliance/efs/efspreview.htm>

If you have additional questions or comments please contact OLMS:  
E-mail OLMS at [olms-public@dol.gov](mailto:olms-public@dol.gov)  
or contact your local OLMS District Office