



ELECTRONIC FORMS SYSTEM (EFS)

**Guide to
Using EFS Preparing
Form LM-21**



DISCLAIMER



Please note the Form LM-20 must be filed prior to completing the Form LM-21.

You will not be able to complete the Form LM-21 until the Form LM- 20 been submitted.

You can download a complete set of Form LM-20 instructions from the [OLMS website](https://www.dol.gov/olms/).

ELECTRONIC FORMS SYSTEM (EFS) FORM LM-21



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-21 Receipts and Disbursements Report.

This tutorial demonstrates basic features and functionality of the EFS Form LM-21. It does not contain instructions for what information should be provided on your report. Please consult the Form LM-21 instructions if you have questions about what information should be entered on the report.

You can download a complete set of Form LM-21 instructions from the [OLMS](https://www.dol.gov/olms/) website.



Accessing the System

Navigate to the [OLMS Website](#) and select OLMS LM REPORTS & CBAs, then from the drop down menu, select the **“File Forms LM-2/3/4/20/21/30”** link.

The screenshot shows the top navigation bar of the Office of Labor-Management Standards (OLMS) website. The header is dark grey with the text "Office of Labor-Management Standards - OLMS" in white. Below the header is a light grey navigation bar with five menu items, each with a downward arrow: "OLMS LM REPORTS & CBAs", "COMPLIANCE ASSISTANCE RESOURCES", "LAWS & RELATED MATERIALS", "FINAL AGENCY DECISIONS & REPORTS", and "ABOUT OLMS". Below the navigation bar is a featured article. On the left is a close-up image of a computer screen showing a blue "Submit" button with a mouse cursor hovering over it. To the right of the image is the article title "Electronic Forms System (EFS) for LM-2, LM-3, LM-4 and LM-30 Filers" in red text, followed by a short description: "OLMS web-based system for completing and submitting labor organization and other reports." A right-pointing arrow is next to the description. Below the article is a row of five small circles, with the first one being red and the others grey.

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. [Read more](#)

System Requirements and Settings



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

- Microsoft Internet Explorer – Version 11.0 or higher
- Google Chrome – Version 7.0 or higher
- Mozilla Firefox

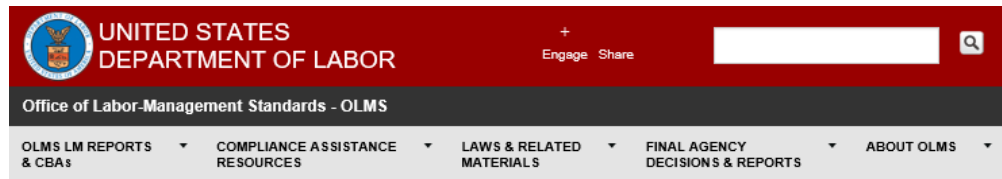
Screen Resolution:

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



From the EFS Introduction page, select on the “Access the OLMS EFS” link.



[DOL HOME](#) / [OLMS](#) / OLMS ELECTRONIC FORMS SYSTEM

Office of Labor-Management Standards (OLMS)

OLMS Electronic Forms System

Notice: [Advisory on Reporting in Areas Affected by 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 for completing and submitting labor organization and other reports. Currently, EFS is available for use by Form LM-2, LM-3, LM-4, 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](#).

EFS allows anyone with a web-enabled computer to complete, sign, and electronically file an LM-2, LM-3, LM-4, and LM-30 without purchasing a digital signature or downloading special software. EFS performs all calculations for the LM report and completes a form error check prior to submission to OLMS. EFS also allows unions that maintain electronic accounting records to import financial data from their accounting programs directly into the Form LM-2 or LM-3 they are completing.

- [EFS Overview](#)
- [System Requirements](#) – Check to see that your computer meets the system requirements for EFS.
- [Help for EFS](#) – Resources for EFS and LM form-specific instructions can be found from this link.
- [EFS Frequently Asked Questions](#)

Office of Labor-Management Standards (OLMS)

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



Accessing the System

- To access the Form LM-21 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.



Accessing the Form LM-21 Form

Once you have a user ID and password, select the EFS for LM-20, LM-21 and LM-30 link on the left side of the page.

The screenshot shows the EFS website interface. At the top, there is a navigation bar with the United States Department of Labor logo and various links like 'Subscribe to E-mail Updates', 'All DOL', 'ESA', 'Advanced Search', 'Find It in DOL', 'A to Z Index', 'Site Map', 'FAQs', 'DOL Forms', 'About DOL', and 'Contact Us'. Below the navigation bar, the main content area is titled 'Welcome to the Office of Labor-Management Standards Electronic Forms System (EFS)'. On the left side, under 'Registration:', there are links for 'Register for an EFS User ID and Password', 'Obtain a Union PIN (What is a PIN?)', 'Edit your account information', and 'EFS Sign in for LM-20, LM-21 and LM-30'. On the right side, under 'EFS Sign in for LM-2, LM-3 and LM-4', there are input fields for 'User ID', 'User Password', 'File Number', and 'Union PIN', along with a 'Sign In' button. A dashed box highlights the 'EFS Sign in for LM-20, LM-21 and LM-30' link, with an arrow pointing to it and the text 'Select the link to access the LM-21'. At the bottom, there is a footer with links for 'Freedom of Information Act', 'Privacy & Security Statement', 'Disclaimers', and 'Important Web Site Notices'.



Accessing the Form LM-21

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



The screenshot shows the Electronic Forms System (EFS) login interface. At the top, there is a red header with the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR" on the left, and "Electronic Forms System" on the right. Below the header, there is a navigation bar with "DOL Home > OLMS > EFS" on the left and "Log out" on the right. The main content area has a heading "Welcome to the Office of Labor-Management Standards EFS Form LM-20, LM-21 and LM-30" and a link for "OLMS Help". The central part of the page is a sign-in box titled "EFS Sign in" containing two input fields: "User ID:" and "User Password:", followed by a "Sign In" button.



Select Report Type

You must select the type of report you are filing. Select “LM-20/21”, then Next.

The screenshot shows the 'Electronic Forms System' interface. At the top left is the United States Department of Labor logo and text. At the top right is the text 'Electronic Forms System'. Below the header is a navigation bar with 'DOL Home > OLMS > EFS' and a 'Log out' link. The main content area is titled 'SELECT REPORT TYPE'. It contains a 'Report Type:' label followed by a dropdown menu with options 'Select', 'LM-20/21', and 'LM-30'. Below the dropdown is a 'Next' button.



Form LM-21 Filing

In order to complete a Form LM-21, a **Form LM-20 must have already been submitted.**

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

[Start New Form](#) | [Forms In Progress](#) | [Submitted Forms](#)

START A NEW FORM

Report Type:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
No Filer found						


Use the "**Locate An Existing LM-20/LM-21 Filer**" button to locate an existing filer. To register a new filer, use the "**Register A New LM-20/LM-21 Filer**" button.

[Locate An Existing LM-20/LM-21 Filer](#) | [Register A New LM-20/LM-21 Filer](#)



Start A New Form LM-21

From the top menu, you can begin a new form, find a form in progress or view a form already submitted. To begin a new form, select “Register A New LM-20/LM-21 Filer.” If you have previously filed a Form LM-21, select “Locate An Existing LM-20/LM-21 Filer” Tab.

**UNITED STATES
DEPARTMENT OF LABOR**

Electronic Forms System

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

Start New Form | Forms In Progress | Submitted Forms

START A NEW FORM

Report Type:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
No Filer found						

Locate An Existing LM-20/LM-21 Filer | Register A New LM-20/LM-21 Filer



Start a New LM-21 – Registering the Organization


Fill in the organization name and address to register the organization. Then select “Register the organization”.

The screenshot shows the 'Electronic Forms System' interface for the United States Department of Labor. The header includes the DOL logo and the text 'UNITED STATES DEPARTMENT OF LABOR' and 'Electronic Forms System'. The breadcrumb trail is 'DOL Home > OLMS > EFS > Report Selection', and there is a 'Log out' link. Below the breadcrumb trail are three tabs: 'Start New Form', 'Forms In Progress', and 'Submitted Forms'. The main section is titled 'START A NEW FORM'. Under this title, there is a 'Report Type' dropdown menu set to 'LM-20/21'. Below that is an 'Organization' text input field. Further down are five input fields for 'Street Address', 'P.O.Box - Building and Room Number', 'City', 'State' (a dropdown menu), and 'Zip+4'. At the bottom of the form are two buttons: 'Previous' and 'Register the organization'. A dashed arrow points to the 'Register the organization' button.

Start a New LM-21



- Once registered, you will be provided with the File Number and Access Key.
- A LM-20 form must be filed prior to completing and filing a LM-21 form. If a LM-20 form has not already been completed, the “Start New LM-21” tab will be grayed out, requiring you to complete a LM-20 form first.

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

[Start New Form](#) | [Forms In Progress](#) | [Submitted Forms](#) | [Access Key](#)

START A NEW FORM

Report Type:


File Number: C - Access Key:

An LM-20 form must be filed prior to submitting an LM-21 report. For support, please contact OLMS Help Desk at 1-866-401-1109 (toll free).

Start a New LM-21



Now that your registration is complete, select “Start New LM-21.”

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

[Start New Form](#) | [Forms In Progress](#) | [Submitted Forms](#) | [Access Key](#)

START A NEW FORM

Report Type:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
<input checked="" type="checkbox"/> C-68482	ABC Corporation		1234 Penn Ave	Upper Marlboro	MD	20772

[Start New LM-20](#)
[Start New LM-21](#)

Use the "**Locate An Existing LM-20/LM-21 Filer**" button to locate an existing filer. To register a new filer, use the "**Register A New LM-20/LM-21 Filer**" button.

[Locate An Existing LM-20/LM-21 Filer](#) | [Register A New LM-20/LM-21 Filer](#)



Locating an Existing LM form

Select “Locate An Existing LM-20/LM-21 Filer” and enter either the file number, filer’s name or organization name to search for an existing filer.

The screenshot shows the 'Electronic Forms System' interface for the 'UNITED STATES DEPARTMENT OF LABOR'. The breadcrumb trail is 'DOL Home > OLMS > EFS > Report Selection'. There are navigation tabs for 'Start New Form', 'Forms In Progress', 'Submitted Forms', and 'Access Key'. The 'START A NEW FORM' section has a 'Report Type' dropdown set to 'LM-20/21'. Below this is a table with columns: 'File number', 'Organization Name', 'Person Filing', 'Street name', 'City', 'State', and 'Zip code'. A search instruction reads: 'Enter the filer number of the organization if you know it, or search by the filer's name or by the name of the organization.' The search area includes a 'File Number: C-' field with a search icon, and a 'Search By' section with dropdowns for 'First Name', 'Last Name', and 'Organization's Name', each with a search icon. At the bottom, a note says: 'Use the "Locate An Existing LM-20/LM-21 Filer" button to locate an existing filer. To register a new filer, use the "Register A New LM-20/LM-21 Filer" button.' Two buttons are shown: 'Locate An Existing LM-20/LM-21 Filer' and 'Register A New LM-20/LM-21 Filer'.



LM-21 Forms In Progress


If you have previously started a LM-21 form, after logging in, the Forms in Progress will appear. Select the box next to the file number and the available forms will appear. Select the form and continue completing or editing the Form LM-21.

File number	Organization Name	Person Filing	Street name	City	State	Zip code
<input type="checkbox"/> C-68431						
<input type="checkbox"/> C-68434						



Form LM-21 – Submitted Forms

- If you need to amend a LM-21 form 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 LM-21 form 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 Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

Start New Form | Forms In Progress | Submitted Forms | Access Key

SUBMITTED FORMS

File Number	Organization Name	Form Type	Employer	Fiscal Year	Date Submitted	Amendment Number
C-68482				2018		0
C-68482				2018		0



LM-21 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-21 report. A filer 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 to the filer and view and edit reports. If forgotten, the Access Key can always be retrieved by selecting 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 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 shows the 'Electronic Forms System' interface for the 'UNITED STATES DEPARTMENT OF LABOR'. The navigation bar includes 'DOL Home > OLMS > EFS > Report Selection' and a 'Log out' link. Below the navigation bar, there are tabs for 'Start New Form', 'Forms In Progress', 'Submitted Forms', and 'Access Key'. The 'Access Key' tab is selected, displaying a table with the following data:

File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key

The 'Access key' column is highlighted with a dashed black circle, and the values '948727' and '254768' are also highlighted in yellow.



Resetting the Access Key

A filer may need to change the Access Key to prevent unauthorized access to reports. To reset the Access Key, select the Generate New Access Key button under the Access Key tab.

The screenshot shows the 'Electronic Forms System' interface. At the top, it displays the 'UNITED STATES DEPARTMENT OF LABOR' logo and the text 'Electronic Forms System'. Below this is a navigation bar with 'DOL Home > OLMS > EFS > Report Selection' and a 'Log out' link. A tabbed interface is shown with 'Access Key' selected. Below the tabs is a table with the following data:

File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key

The 'Generate New Access Key' buttons in the rightmost column of the table are highlighted with a dashed black oval.



Navigating the Form LM-21 in EFS

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

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482

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

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(a) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2019 Through: 12/31/2019
(mm/dd/yyyy) (mm/dd/yyyy)

A. Person Filing

3. Name and mailing address (include ZIP Code):
First Name: Middle Name: Last Name:
Address:
City: State: Zip code +4:

4. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Address:
City: State: Zip code +4:

Organization:
P.O. Box, Bldg., Room No., if any:
Street:

Signatures

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 the Section on penalties in the instructions.)

17. SIGNED: _____ PRESIDENT 18. SIGNED: _____ TREASURER
(If other title, see instructions) (If other title, see instructions)

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

Form LM-21 (2003) (Page 1 of 5)

Navigate forward and backward through the form by using the navigation arrows, or jump directly to a section by clicking on the page title on the left navigation pane.



Accessing Form LM-21 Instructions in EFS

While working on the Form LM-21 in EFS, you can select the “Form Instructions” button to view the complete LM-21 Form Instructions in a new window.

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save Validate Add Attachments Print **Form Instructions** Help Submit FILE NUMBER: 68482

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 **FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT** Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2019 (mm/dd/yyyy) Through: 12/31/2019 (mm/dd/yyyy)

A. Person Filing

3. Name and mailing address (include ZIP Code):
First Name: John Middle Name: Last Name: Black
Title: President
Organization: ABC Corporation
P.O. Box, Bldg., Room No., if any:
Street: 1234 Penn Ave
City: Upper Marlboro State: MD Zip code +4: 20772

4. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State: Zip code +4:

Signatures

Each of 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 the Section on penalties in the instructions.)

17. SIGNED: [Signature] PRESIDENT 18. SIGNED: [Signature] TREASURER
(If other title, see instructions) (If other title, see instructions)

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

Form LM-21 (2003) (Page 1 of 5)



Entering Data into the Form LM-21 in EFS

- Enter data in all fields. Fields that are “grayed out” may not be edited.
- It is important to save your work **often** by selecting the Save tab. The form automatically saves your work when moving between pages. If you do not save your work, you risk losing unsaved data.

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

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 **FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT** Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2019 (mm/dd/yyyy) Through: 12/31/2019 (mm/dd/yyyy)

A. Person Filing

3. Name and mailing address (include ZIP Code):
First Name: John Middle Name: Last Name: Black
Title: President
Organization: ABC Corporation
P.O. Box, Bldg., Room No., if any:
Street: 1234 Penn Ave
City: Upper Marlboro State: MD Zip code +4: 20772

4. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State: Zip code +4:

Signatures

Each of 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 the Section on penalties in the instructions.)

17. SIGNED: [Signature] PRESIDENT (If other title, see instructions) 18. SIGNED: [Signature] TREASURER (If other title, see instructions)

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

Form LM-21 (2003) (Page 1 of 5)



Statement of Receipts

For Item 5.a. either enter or search for the name of the employer. If searching, type part of the name of the employer and select search. Select the box next to the Employer name. Select “Add Selected Employer”. If the exact Employer is not listed, select “Employer Not Found” and manually complete Item 5.a. If additional employer(s) need to be added, select the “Additional Employer” tab.

UNITED STATES DEPARTMENT OF LABOR
Electronic Forms System

FILE NUMBER: 68482

Additional Employer

5.a. Name and Address of Employer

Search Represented Employer

Name of represented employer
Street Address City State ZIP

Search Clear all Cancel

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

Employer	Street	City	State	Zip
<input type="checkbox"/> Bank of Labor	756 MINNESOTA AVE.	KANSAS CITY	KS	66101
<input type="checkbox"/> BPCM LOCAL 534 LABOR MANAGEMENT FUND	7 FREDERIKA ST	BOSTON	MA	02114
<input type="checkbox"/> CENTRAL LABORERS' PENSION WELFARE & ANN	PO BOX 1267	JACKSONVILLE	IL	62651
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' TRAINING FUN	7051 FLY FD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' WELFARE FUN	7051 FLY RD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CHICAGO AREA LABORS-EMP. COOP. & EDUC. T	999 MCCLINTOCK DRIVE, SUITE 302	BURR RIDGE	IL	60527
<input type="checkbox"/> CONNECTICUT LABORERS' HEALTH FUND	435 CAPTAIN THOMAS BLVD	WEST HAVEN	CT	06516
<input type="checkbox"/> CONTRATORS, LABORERS, TEAMSTERS, & ENG	10334 ELLISON CIRCLE	OMAHA	NE	68134-1123
<input type="checkbox"/> FOX VALLEY LABORERS HEALTH AND WELFARE	2400 BIG TIMBER SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> FOX VALLEY LABORERS PENSION FUND	2400 BIG TIMBER ROAD SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> HAWAII LABORERS' APPRENT & TRAINING	1440 KAPIOLANI BLVD, SUITE 800	HONOLULU	HI	96814

6. TOTAL RECEIPTS FROM ALL EMPLOYERS



Statement B – Statement of Receipts

- Item 5.b: Enter the agreement termination date for any employer listed in Item 5.a.
- Item 5.c: Enter the amount of the receipts from any employer listed in Item 5.a. that are related to labor relations advice or services during the fiscal year. If any receipt was not in the form of cash, indicate the type of payment and list its cash value.

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

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save and Calculate | Validate | Import | Print | Form Instructions | Help FILE NUMBER: 68482 < >

MAIN
STMT B
STMT C
SCH D
VALIDATION SUMMARY

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. Additional Employer

Show Employer : Additional Employer

5.a. Name and Address of Employer (including trade name, if any),

Find, Add or Edit Employer

Employer
Trade Name

Attention To:

First Name	Middle Name	Last Name	Title
Teresa		Johnson	CEO

Mailing Address:

P.O. Box, Bldg., Room No., if any	Street Address	City	State	Zip code + 4
	3310 75th Avenue	Landover	MD	29785

5.b. Termination Date 5.c. Amount Non-Cash Payment


Type Of Payment

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$1,500



Entering Data into the Form LM-21 – Statement of Disbursements

Complete Items 7a., 7b., 7c., 9, 10, 11,12, and 13. Enter the name, salary, expenses, as well as the other disbursement amounts, if applicable. Select the Save and Calculate tab and EFS will calculate the totals for column (d), item 8 and item 14. If more officers or employees are required, select the “Additional Officers & Employees” tab.

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save and Calculate | Validate | Import | Add Attachments | Print | Form Instructions | Help FILE NUMBER:68482 < >

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees: Additional Officers & Employees:

	First Name	(a) Name Middle Name	Last Name	(b) Salary	(c) Expenses	(d) TOTALS
<input checked="" type="checkbox"/> 1.						\$0
<input checked="" type="checkbox"/> 2.						\$0
<input checked="" type="checkbox"/> 3.						\$0
<input checked="" type="checkbox"/> 4.						\$0
<input checked="" type="checkbox"/> 5.						\$0
8. Total disbursements to officers and employees:						\$0
9. Officer and Administrative Expenses						
10. Publicity						
11. Fees for Professional Services						
12. Loans Made						
13. Other Disbursements						
14. Total Disbursements (Sum of Items 8-13)						\$0

Form LM-21 (2003) (Page 3 of 5)



Statement D – Schedule of Disbursements for Reportable Activity

Complete the schedule of disbursements only for those disbursements to persons other than officers and employees of the reporting organization. If multiple activities are to be reported, select the “Additional Reportable Activities” tab.

UNITED STATES DEPARTMENT OF LABOR Electronic Forms System

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save and Calculate Validate Import Print Form Instructions Help FILE NUMBER: 68482 < >

D. Schedule of Disbursements for Reportable Activity Use this schedule to report only disbursements made for the purposes described in Part D of the instructions.

Additional Reportable Activities

Show Employer : (.)

Search by employer name Find, Add or Edit Employer

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid:

First Name	Middle Name	Last Name

Title Organization

P.O. Box, Bldg., Room No., if any Street Address

City State Zip code + 4

15.d. Amount

15.e. Purpose

Delete Reportable Activities

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



Printing the Form LM-21

You can print a copy of the Form LM-21 for review by selecting the Print button on the menu bar. A printable PDF copy of the report will then pop up.

UNITED STATES DEPARTMENT OF LABOR Electronic Forms System

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

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

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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. Required of persons, including Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: C- 68482 2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Through:

A. Person Filling

3. Name and mailing address (include ZIP code):
Name: John Black
Title: President
Organization: ABC Corporation
P.O. Box, Bldg., Room No., if any:
Street: 1234 Penn Ave
City: Upper Marlboro State: MD ZIP: 20772

4. Any other address where records necessary to verify this report are kept:
Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State:

Signatures

Each of 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 exhibits) is true, correct, and complete to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

17. SIGNED: 18. SIGNED:



Form LM-21 Validation

The Form Validation process ensures that the form contains all required data. You must select the “**Validate**” button on the menu bar to perform an error check on the entire form. The validation summary page shows the list of any errors that must be corrected before you are able to sign and submit the Form LM-21 report. You may select the error to make corrections.

The screenshot shows the 'Validation Summary Page' for Form LM-21. The page header includes the United States Department of Labor logo and the text 'Electronic Forms System'. The breadcrumb trail is 'DOL Home > OLMS > EFS > Report Selection > Home Page'. The left sidebar contains a menu with 'MAIN', 'STMT B', 'STMT C', 'SCH D', and 'VALIDATION SUMMARY' (which is highlighted). The main content area has a title bar with 'Print' and 'Form Instructions' buttons, and a 'FILE NUMBER: 68482' field with navigation arrows. Below the title bar, the page is titled 'VALIDATION SUMMARY PAGE' and lists four error items:

1. Item 2: Please enter the Period Covered 'From' date.
2. Item 2: Please enter the Period Covered 'Through' date.
3. Item 9, 10, 11, 12 and 13 cannot be blank. If you have no disbursements to report, enter \$0 in each line.
4. Item 15.c.1 Please enter the organization of the person to whom the payment was made.

Below the list are several empty rows for additional errors. At the bottom of the page, it says 'Form LM-21 (2003)' on the left and '(Page 5 of 5)' on the right.



Form LM-21 Validation

If the form passes validation, you will receive a message indicating that All Page Validations are passed. Select “OK” to begin the signature process.

The screenshot shows the 'Electronic Forms System' interface for Form LM-21. The header includes the United States Department of Labor logo and the text 'UNITED STATES DEPARTMENT OF LABOR' and 'Electronic Forms System'. The breadcrumb trail is 'DOL Home > OLMS > EFS > Report Selection > Home Page'. The left sidebar contains navigation links: 'MAIN', 'ITEM 6,7&8', 'ITEM 9&10', 'ITEM 11&12', and 'VALIDATION SUMMARY'. The main content area is titled 'Specific Activities to be performed' and includes a 'FILE NUMBER: 68431' and a 'Log out' link. The form fields are as follows:

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity: Persuade
 - 11b. Period during which activities performed: December 2018
 - 11c. Extent performed: completed
 - 11d. Name and Address of person(s) through whom activities were performed:
 - 1. First Name: Ann, Middle Name: Message from webpage, Last Name: rown, Organization: ty: /ashington, State: DC, Zip Code + 4: 20001
 - 12a. Identify subject groups of employees: All
 - 12b. Identify subject labor organizations: Labor Organization Name:

A modal message box is displayed in the center of the screen with the text: 'All Page Validations are passed.' and an 'OK' button.

Form LM-20 (2003) (Page 4 of 5)



Signing the LM-21 Form

Once all of the validation items have been corrected, the form is ready to be signed. The signature block will turn red for signature. Select “OK” and click in the red box indicating “Click Here to Sign”.

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

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save Validate Add Attachments Print Form Instructions Help **Submit** FILE NUMBER: 68482 < >

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<small>IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</small>		
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number: C- 68482	2. Period Covered by this report: From: 01/01/2018 (mm/dd/yyyy)	Through: 12/31/2018 (mm/dd/yyyy)
A. Person Filing		
3. Name and mailing address: First Name: John Title: President Organization: ABC Corporation P.O. Box, Bldg., Room No., if Street: 1234 Penn Ave City: Upper Marlboro		4. Any other address where records necessary to verify this report are kept: File Name: Last Name: City: State: Zip code +4:
<div style="border: 1px solid gray; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">! Message from webpage</p> <p style="text-align: center;">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-21 instructions to make sure this form has been filled out according to the requirements.</p> <p style="text-align: center;">Please click on a signature field to sign.</p> <p style="text-align: center;">OK</p> </div>		
Signatures		
<small>Each of 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 the Section on penalties in the instructions.)</small>		
17. SIGNED: Click Here to Sign PRESIDENT	18. SIGNED: Click Here to Sign TREASURER	
<small>(If other title, see instructions)</small>		<small>(If other title, see instructions)</small>
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____	

Form LM-21 (2003) (Page 1 of 5)

Signing the Form



When the signature box appears, you must re-enter your password to sign the form. Select "Sign". (If the officer's title needs to be updated, select the box with President, delete the title replacing it with the correct title. Then you must save, revalidate and resign the form.)

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

DOL Home > OLMS > EFS > Report Selection > Home Page [Log out](#)

Save Validate Add Attachments Print Form Instructions Help **Submit** FILE NUMBER: 68482

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

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

President's Signature

1. File Number: C- 68482 2. Period Covered: _____

A. Person Filing

3. Name and mailing address (include ZIP Code):

First Name: John Middle Name: Black Last Name: Black
Title: President
Organization: ABC Corporation
P.O. Box, Bldg., Room No., if any: _____
Street: 1234 Penn Ave
City: Upper Marlboro State: MD Zip code +4: 20772

By entering my name and password below, I attest that I am **John Black**, 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: Black Date: 01/16/2019 Password: ***** Phone Number: 202-693-9999

Sign Cancel

City: State: Zip code +4:

Signatures

Each of 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 the Section on penalties in the instructions.)

17. SIGNED: **Click Here to Sign** PRESIDENT (If other title, see instructions) 18. SIGNED: **Click Here to Sign** TREASURER (If other title, see instructions)

Date: Telephone Number: Date: Telephone Number:

By signing this form via password, 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.

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. You should print a copy of the form for your records. Select the "Print" tab to save the form.

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

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save Validate Add Attachments **Print** Form Instructions Help Submit FILE NUMBER: 68482 < >

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

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2018 Through: 12/31/2018
(mm/dd/yyyy) (mm/dd/yyyy)

A. Person Filing

3. Name and mailing address (include ZIP Code):
First Name: John Middle Name: Last Name: Black
Title: President
Organization: ABC Corporation
P.O. Box, Bldg., Room No., if any:
Street: 1234 Penn Ave
City: Upper Marlboro State: MD Zip code +4: 20772

4. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State: Zip code +4:

Signatures

Each of 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 the Section on penalties in the instructions.)

17. SIGNED: John Black PRESIDENT 18. SIGNED: [Click Here to Sign](#) TREASURER
(If other title, see instructions) (If other title, see instructions)

Date: 01/16/2019 Telephone Number: 202-693-9999 Date: Telephone Number:

Form LM-21 (2003) (Page 1 of 5)



Printing and/or Saving the Form

In order to print and/or save the form for your records, select the “Download” tab to save and/or print your form.

There is NOT an option to print once the form has been submitted. After you have saved and/or printed your form, select the “Submit” tab.

The screenshot shows the EFS interface for Form LM-21. A modal dialog box is displayed with the following text:

Download a copy of this report **NOW** for your records **before submitting**

There is **NO PRINT CAPABILITY** via EFS once the report is submitted

Click Download and/or Submit to finish


Buttons: Download, SUBMIT, CANCEL

Background form details: U.S. Department of Labor, Office of Management and Budget, Form Approved No. 1245-0003, Expires: 07-31-2019, FILE NUMBER: 68482, RECEIPTS AND DISBURSEMENTS REPORT.

Confirmation page



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

**UNITED STATES
DEPARTMENT OF LABOR**

Electronic Forms System

[DOL Home](#)> [OLMS](#)> [EFS](#) >[Report Selection](#) >[Home Page](#) [Log out](#)

Your LM-21 Form has been successfully accepted for processing.

Your confirmation number is: 68482-680332-20190116111602.

Please make a note of this number for your records.

To view your submitted LM-21 report, visit the OLMS Online Public Disclosure Room.

OLMS Online Public Disclosure Room link:

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



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 [OLMS website](#)

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.