

# ELECTRONIC FORMS SYSTEM (EFS)

## Guide to Using EFS for the Form LM-30



Office of Labor-Management Standards (OLMS)

[www.olms.dol.gov](http://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](http://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:

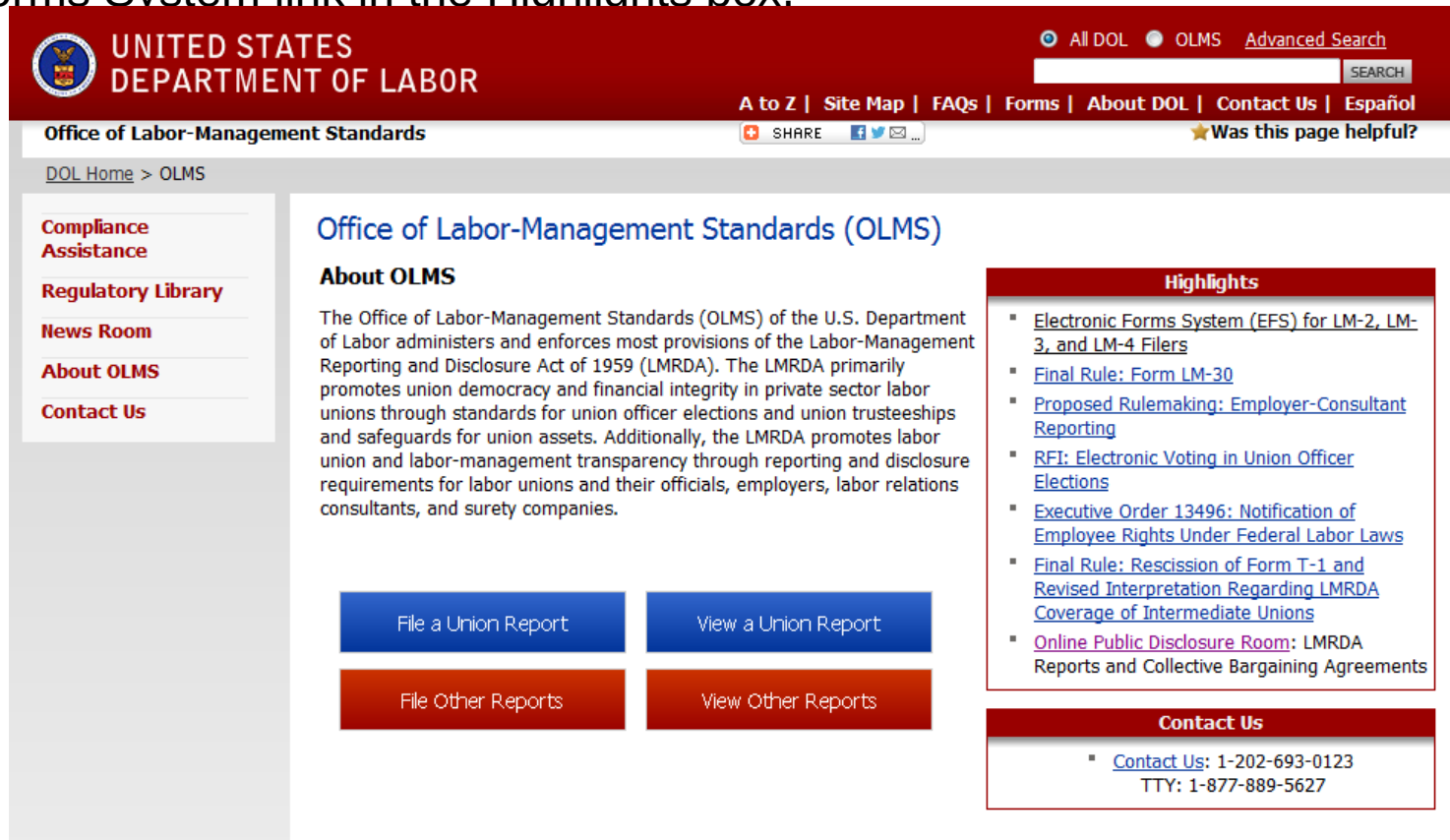
- Microsoft Internet Explorer – Version 6 or higher
- Firefox – Version 3 or higher

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/](http://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 links for 'A to Z', 'Site Map', 'FAQs', 'Forms', 'About DOL', 'Contact Us', and 'Español'. The main content area is titled 'Office of Labor-Management Standards (OLMS)' and includes an 'About OLMS' section with a paragraph describing the office's role. A 'Highlights' box on the right contains several links, including 'Electronic Forms System (EFS) for LM-2, LM-3, and LM-4 Filers'. At the bottom, there are four buttons: '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

**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.

**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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Enter E-mail Address  SUBSCRIBE Find It In DOL  SEARCH

All DOL ESA Advanced Search

A to Z Index | Site Map | FAQs | DOL Forms | About DOL | Contact Us

DOL Home > EFS

Electronic Forms System Text Size

**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  -

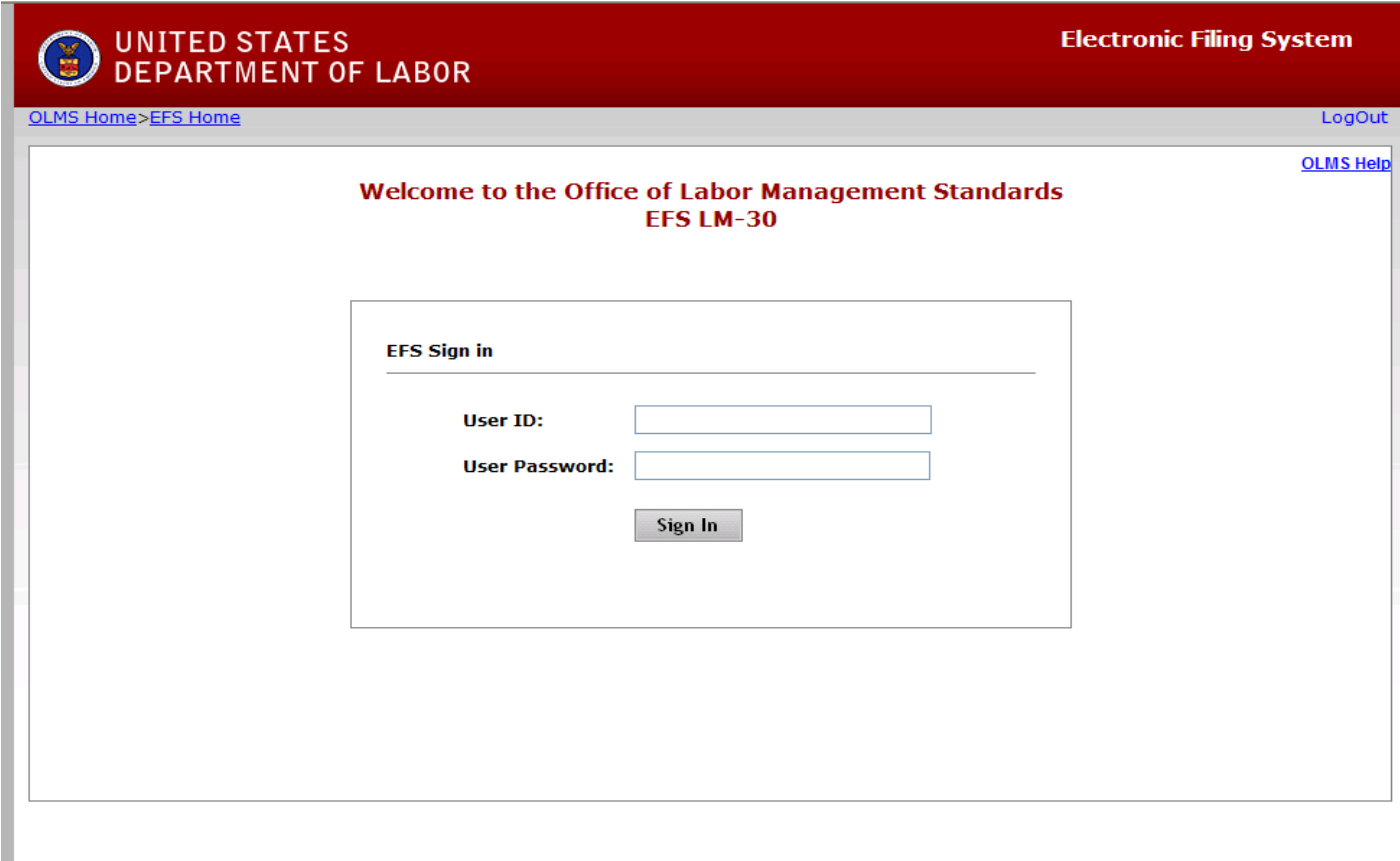
Union PIN

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

[OLMS Help](#)

# 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 and the text "UNITED STATES DEPARTMENT OF LABOR" and "Electronic Filing System" on the right. Below the header, there is a navigation bar with links for "OLMS Home", "EFS Home", "LogOut", and "OLMS Help". 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" which contains 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.

# 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

Next



## 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:  File Number: U-  Search By

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.

# 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:  File Number: U- Search By

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

# 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.

www.olms.dol.gov

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" option is selected, leading to a page titled "START A NEW FORM".

Below the title, there is a instruction: "Enter your file number if you know it, other wise you can find your information by searching by your name." The form includes a "Report Type" dropdown menu set to "LM-30", a "File Number: U-" field with an empty input box, and a "Search By" section with two input fields for "First Name" and "Last Name", followed by 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 shows the 'Electronic Forms System' interface for the 'UNITED STATES DEPARTMENT OF LABOR'. The page includes navigation links for 'OLMS Home' and 'EFS Home', and a 'LogOut' button. A menu bar contains 'Start New Form', 'Forms In Progress', 'Submitted Forms', and 'Access Key'. The 'Forms In Progress' section displays a table with the following data:

Fiscal Year	Form Type	Amendment Version	
<a href="#">2011</a>	<a href="#">LM-30</a>		<a href="#">Delete</a>

# 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.

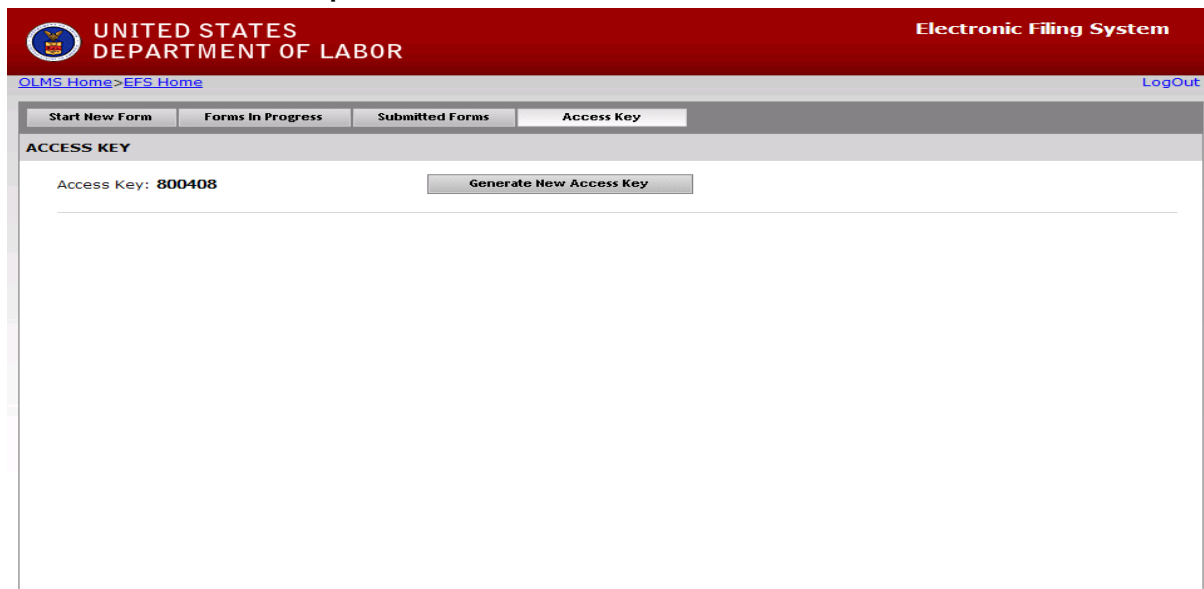
The screenshot shows the Electronic Filing System (EFS) interface for the United States Department of Labor. The header includes the department logo and name, and the text "Electronic Filing System". Navigation links for "OLMS Home" and "EFS Home" are present, along with a "LogOut" link. A menu bar contains four tabs: "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The "Submitted Forms" tab is selected. Below the menu, the heading "SUBMITTED FORMS" is displayed. A table lists the submitted forms with the following data:

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 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. Below the menu, the page title is "ACCESS KEY". The main content area shows "Access Key: 800408" and a button labeled "Generate New Access Key".

## 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, a red header bar contains the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR" on the left, and "Electronic Filing System" on the right. Below the header, a navigation bar includes links for "OLMS Home" and "EFS Home" on the left, and "LogOut" on the right. The main content area features a tabbed interface with four tabs: "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The "Access Key" tab is selected and active. Underneath the "ACCESS KEY" heading, the current access key is displayed as "Access Key: 800408". To the right of this text is a button labeled "Generate New Access Key".

# 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. 86-265, Section 101, which requires the reporting of certain information, fines, or civil penalties as provided by

REPORT.

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:

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-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.

www.dolms.gov

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

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

**MAIN** 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.

<p>1. LM-30 File Number <input type="text" value="U-65015"/></p> <p>2. Fiscal Year Covered From <input type="text"/> Through <input type="text"/> (mm/dd/yyyy) (mm/dd/yyyy)</p> <p>3. Amended Report - If this is an amended report, check here: <input type="checkbox"/></p>	<p>4. Your Contact Information</p> <table style="width: 100%;"><tr><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr><tr><td><input type="text" value="John"/></td><td><input type="text" value="Q"/></td><td><input type="text" value="Smith"/></td></tr></table> <table style="width: 100%;"><tr><td>Street Address</td><td>P.O. Box - Building and Room Number</td></tr><tr><td><input type="text" value="123 Main Street"/></td><td><input type="text" value="Suite 789"/></td></tr></table> <table style="width: 100%;"><tr><td>City</td><td>State</td><td>ZIP + 4</td></tr><tr><td><input type="text" value="Washington"/></td><td><input style="border: 1px solid blue; border-radius: 3px; padding: 2px 5px; font-size: 0.9em; font-family: sans-serif; background-color: #e6f2ff; color: #000080; text-decoration: none; vertical-align: middle; width: 20px; height: 15px; margin: 0 2px;" type="text" value="DC"/></td><td><input type="text" value="20210"/></td></tr></table> <p>Email Address (Optional) <input type="text" value="john.smith@factoryworkers.com"/></p>	First Name	Middle Name	Last Name	<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Smith"/>	Street Address	P.O. Box - Building and Room Number	<input type="text" value="123 Main Street"/>	<input type="text" value="Suite 789"/>	City	State	ZIP + 4	<input type="text" value="Washington"/>	<input style="border: 1px solid blue; border-radius: 3px; padding: 2px 5px; font-size: 0.9em; font-family: sans-serif; background-color: #e6f2ff; color: #000080; text-decoration: none; vertical-align: middle; width: 20px; height: 15px; margin: 0 2px;" type="text" value="DC"/>	<input type="text" value="20210"/>
First Name	Middle Name	Last Name															
<input type="text" value="John"/>	<input type="text" value="Q"/>	<input type="text" value="Smith"/>															
Street Address	P.O. Box - Building and Room Number																
<input type="text" value="123 Main Street"/>	<input type="text" value="Suite 789"/>																
City	State	ZIP + 4															
<input type="text" value="Washington"/>	<input style="border: 1px solid blue; border-radius: 3px; padding: 2px 5px; font-size: 0.9em; font-family: sans-serif; background-color: #e6f2ff; color: #000080; text-decoration: none; vertical-align: middle; width: 20px; height: 15px; margin: 0 2px;" type="text" value="DC"/>	<input type="text" value="20210"/>															

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 Approved  
**PART A** Office of Labor-Management Standards **FORM LM-30** Office of Management and Budget  
Washington, DC 20210 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT** No. 1245-0005  
**PART 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 Expires: 09-30-2014  
**PART C** PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

**VALIDATION SUMMARY**

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: [ ]

# 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.

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

# 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  
Smith Inc

**Contact**

First Name	Middle Name	Last Name	Telephone	
Street Address	P.O. Box - Building and Room Number	City	State	ZIP + 4
123 Main				

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  
SMITH, DANIEL, INC.

**Contact**

First Name	Middle Name	Last Name	Telephone	
Street Address	P.O. Box - Building and Room Number	City	State	ZIP + 4
	4150 FIRST AVENUE SOUTH	SEATTLE	WA	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 <input type="text" value="John"/>	Middle Name <input type="text" value="Q"/>	Last Name <input type="text" value="Public"/>	Telephone <input type="text" value="222-222-2222"/>
Street Address <input type="text" value="123 Main Street"/>	P.O. Box - Building and Room Number <input type="text"/>	City <input type="text" value="Anytown"/>	State <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. |   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" 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.*

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

[EFS Home](#) > [LM30](#) [Log Out](#)

**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  
**PART B** | Washington, DC 20210 | | No. 1245-0005  
**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. | Expires: 09-30-2014  
**VALIDATION** | PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |

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1 / 3 | 89.7% | [Icons]

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.

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E

1. LM-30 File Number: U- 04002

2. Fiscal Year Covered: from 01/01/2011 through 12/31/2011  
(mm/dd/yyyy) (mm/dd/yyyy)

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

4. Your Contact Information

Name (first,middle,last) Mary Smith	File Number 544-653
Street address 200 C Street	Officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/>
City State DC ZIP 20210	Your officer position or job title President
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

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
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www.olms.dol.gov

## 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**

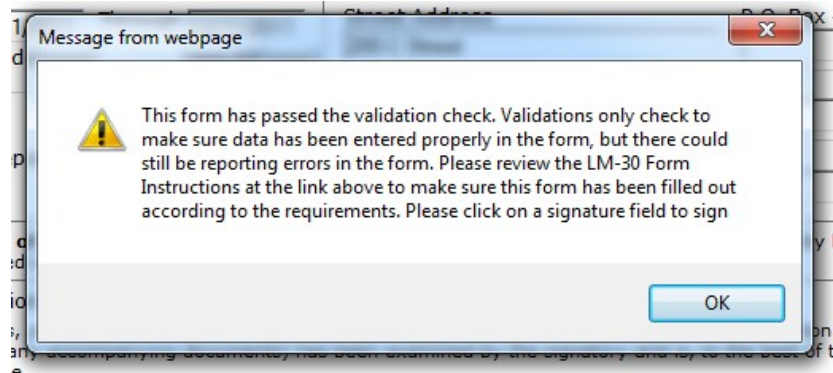
1. [Item 4: Please enter the name of the city.](#)
2. [Part A, Row 2, Item 7.a.: Please enter nature of interest, transaction, benefit, arrangement, income or loan. If you are not sure what to enter, please consult the instructions by clicking the Form Instructions link above.](#)
3. [Part A, Row 2,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

MAIN  
ITEM 5  
PART A  
PART B  
PART C  
VALIDATION SUMMARY

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	<b>FORM LM-30</b> <b>LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT</b>	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:

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 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 me and is, to the best of my knowledge and belief, 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

Form LM-30 (Revised 2011)

# 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](#)

**MAIN** |  |  |  |  |  |  |

**ITEM 5**  
**PART A**  
**PART B**  
**PART C**  
**VALIDATION SUMMARY**

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-30</b> <b>LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT</b>	Form Approved Office of Management and Budget No. 1245-0005 Expires: 09-30-2014
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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.

<b>1. LM-30 File Number</b> U-64902	<b>4. Your Contact Information</b>		
<b>2. Fiscal Year Covered</b> From 01/01/2011 Through 12/31/2011 (mm/dd/yyyy) (mm/dd/yyyy)	<b>First Name</b> Mary	<b>Middle Name</b>	<b>Last Name</b> Smith
<b>3. Amended Report -</b> If this is an amended report, check here: <input type="checkbox"/>	<b>Street Address</b> 200 C Street		<b>P.O. Box - Building and Room Number</b>
	<b>City</b> Washington	<b>State</b> DC	<b>ZIP + 4</b> 20210
	<b>Email Address (Optional)</b> williford.lisa@dol.gov		

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:  Date:  Telephone Number:



# 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

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

64902

5. Labor Organization Identifying Information

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 C  
benefit from the entities de

PART A - REPRESENT

6. Name of represented em

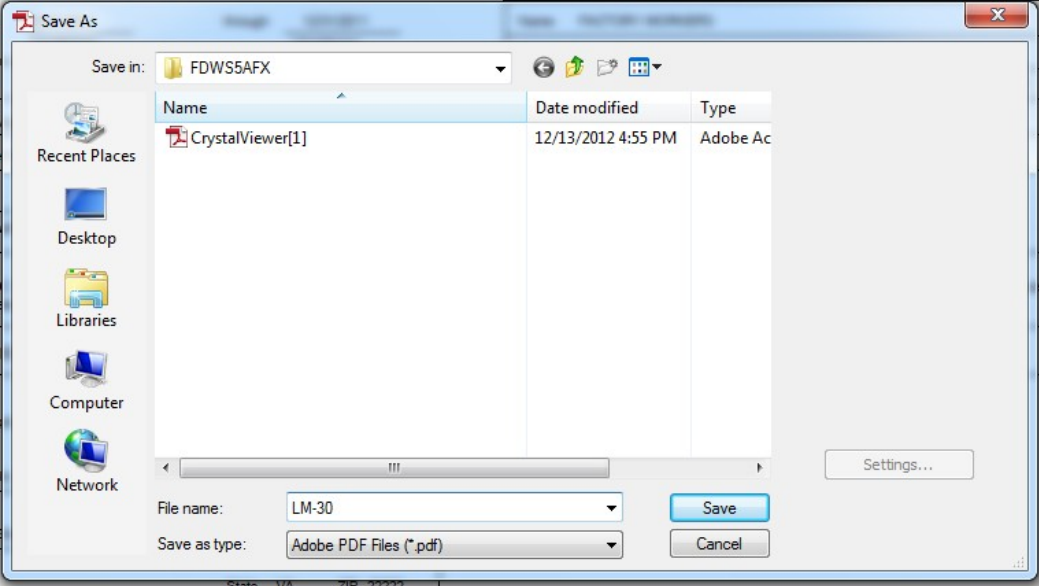
Contact name John Q. Pub

Street address 123 Main S

City Anytown State VA ZIP 22222

ZIP 20210

and income, paym

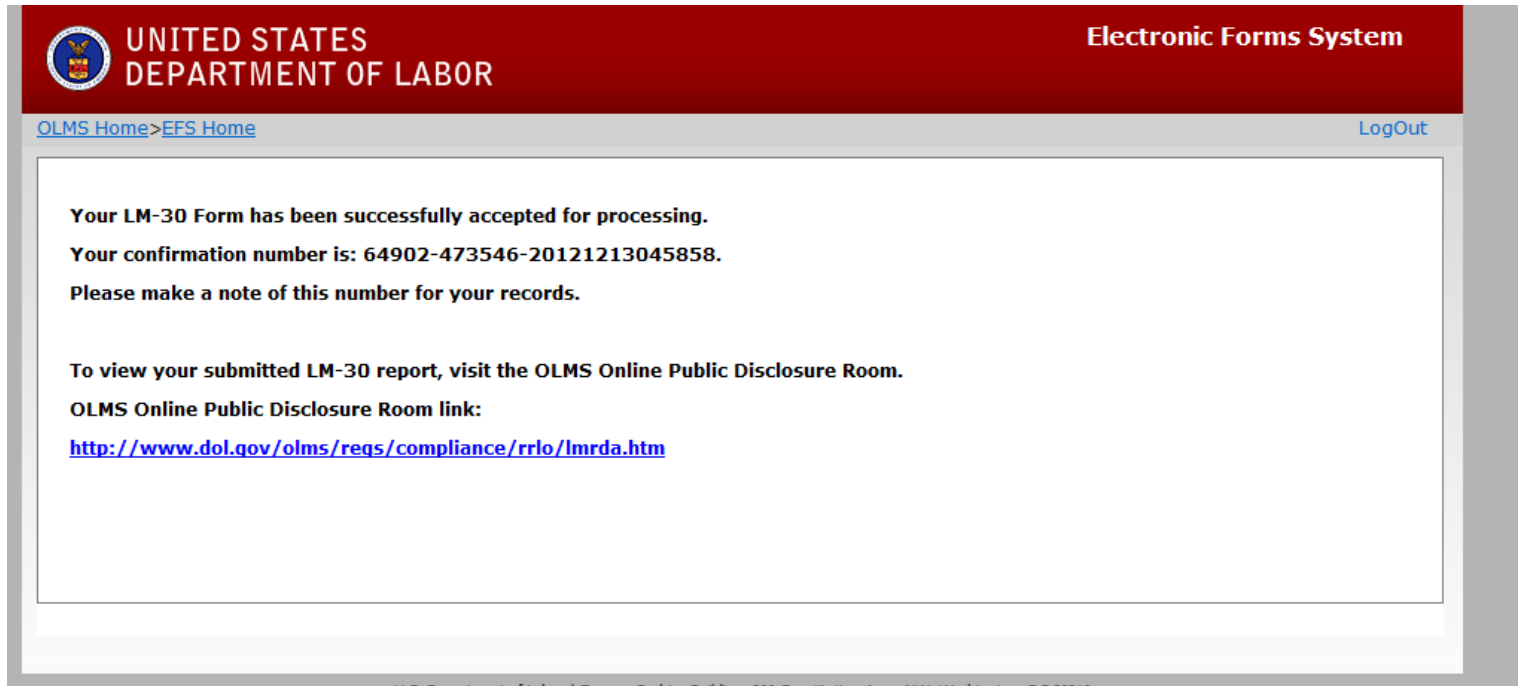


**Note:** You can also obtain a copy of the submitted report from the OLMS Online Public Disclosure Room site. Please see the next slide for information on this.

# 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:



The screenshot shows a web browser window with a red header bar. On the left of the header is the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR". On the right of the header is the text "Electronic Forms System". Below the header, there are two links: "OLMS Home" and "EFS Home" on the left, and "LogOut" on the right. The main content area is white and contains the following text: "Your LM-30 Form has been successfully accepted for processing." followed by "Your confirmation number is: 64902-473546-20121213045858." and "Please make a note of this number for your records." Below this, it says "To view your submitted LM-30 report, visit the OLMS Online Public Disclosure Room." followed by "OLMS Online Public Disclosure Room link:" and a blue hyperlink: "<http://www.dol.gov/olms/reqs/compliance/rrlo/lmrda.htm>".

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](http://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](mailto:olms-public@dol.gov)  
or contact your local OLMS District Office.