

February 16, 2006

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

(electronic)

USER GUIDE

Version 3.0



Phone: (866) 4-USA-DOL (487-2365)
E-mail: olms-public@dol.gov
Web: www.olms.dol.gov

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Introduction

The U.S. Department of Labor's Office of Labor-Management Standards (OLMS) is pleased to introduce the new Form LM-4 electronic software. This software, which is in Adobe, replaces the previous versions, which were in Informed Filler. Using the electronic Form LM-4, you can:

- Enter information directly into an online version of the form; and
either
- Have your labor organization's president and treasurer sign the report electronically; and
- Submit the signed form electronically to OLMS

or

- Print a copy of the completed report and have your labor organization's president and treasurer sign the paper copy; and
- Mail the signed copy to

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210-0001

Getting Started

This document guides you through the process of completing the electronic Form LM-4, providing instructions and navigation tips to help you:

- Download the electronic Form LM-4 from the OLMS Web site;
- Navigate and enter information directly into the form; and
- Add digital signatures.

USER GUIDE

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

This document's focus is "how" to enter information into the form. Two companion documents provide additional information:

Table 1: Companion Documents

Document Name	Contents	Location
Instructions for Form LM-4 Annual Report	<ul style="list-style-type: none">• Rules for filing• Detailed directions for what information to enter	www.dol.gov/esa/regs/compliance/olms/lm4.htm

Before You Begin

To use the electronic Form LM-4 you need the following hardware and software.

Hardware

Processor: Intel® Pentium III® (or equivalent)

Operating System options:

Microsoft® Windows 98, Second Edition

Microsoft® Windows, Millennium Edition

Microsoft® Windows NT® 4.0 with Service Pack 6

Microsoft® Windows 2000 with Service Pack 2

Microsoft® XP Professional

Microsoft® XP Home Edition

Memory: 64MB of RAM

Available hard disk space: 60MB

Note: For optimum performance, OLMS recommends using an Intel Pentium 4® (or equivalent) processor running at a minimum speed of 2.4 GHz with 1GB of memory.

Software

Adobe® Reader®, Version 6.x or Higher

Internet Browser options:

Internet Explorer, Version 5.5 or 6

Netscape, Version 4.7

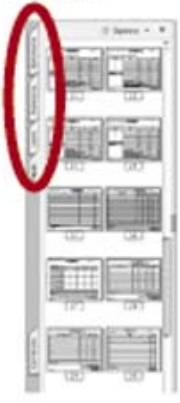

Mozilla, Version 1.3 or 1.4

Using Adobe® Reader® 6.x or Higher

You will need Adobe® Reader® 6.x or Higher to use the electronic Form LM-4. If you do not have Adobe® Reader® 6.x or Higher installed on your system, you can download a free copy of Adobe® Reader® 6.x or Higher from the Adobe Web site (www.adobe.com).



Tips for Navigating Throughout Form LM-4

ACTION	TIP
<p>Moving from page to page</p> 	<p>For greater ease in navigating through the document, use the Page thumbnails on the left side of the screen to scroll from page to page.</p> <p>You also can highlight the page number that is displayed in the middle of the bottom of the screen, enter the page number you want to go to, and press <Enter>. You are automatically taken to that page. This is very useful if you know exactly where you want to go and saves scrolling through the form and/or the thumbnails. Navigation buttons located on either side of the number box allow you to navigate forward and back one page at a time or go to the first or last page of the form.</p> 
<p>Moving from field to field</p>	<p>Either use the <Tab> key to move through the fields on the screen or use the mouse to click the field in which you want to enter text.</p>
<p>Saving the Document</p>	<p>Save your work frequently!</p> <p>As you fill out the form, go to the "File" Menu and select "Save As." The "Save As" function will automatically reduce the file size of the form so it is preferable to use the "Save As" function.</p>
<p>Date Fields</p>	<p>Enter dates in the format: mm/dd/yyyy.</p>
<p>State Fields</p>	<p>Enter two-character postal abbreviation of a U.S. state or territory. You must use the drop-down list to enter the state in any section of the form where the state is required. The state cannot be manually entered by the user. Alternatively, you can choose "00" from the drop-down list to enter a non-listed country in the state field and its corresponding postal code (e.g., NW34D2).</p> <p>If you choose a U.S. state or territory you must enter a properly formatted U.S. ZIP code.</p>
<p>Telephone Numbers</p>	<p>Include the area code when entering the phone number.</p>
<p>Text Fields</p>	<p>Other than Item 19 – Additional Information 50 characters is the maximum length of any field in the form.</p>
<p>ZIP Code Fields</p>	<p>ZIP codes must either be five or nine digits for U.S. states or territories. For example, 12345 or 12345-6789. Alternatively, choose "00" from the drop-down list to enter a non-listed country in the state field and its corresponding postal code (e.g., NW34D2).</p>

Adding Additional Information (Item 19)

The Instructions for Form LM-4 identify entries that require you to provide additional information.

Using the electronic Form LM-4, you add required and optional additional information in Item 19 (Page 1 of Form LM-4) in the following instances:

- When prompted by the form to enter required additional information into an item;
- When prompted by the form to enter required additional information when the form is validated; and
- When you want to add general comments or additional information about information you are reporting on Form LM-4 (optional additional information).

Entering Required Additional Information

The following table identifies the Form LM-4 items that prompt you to enter information in Item 19.

Table 2: Additional Information Fields

Page/Schedule	Item/Column Number	Reason for Prompt to Enter Additional Information
Page 1	Item 2	Entering a reporting period that is less than one year in length
Page 1	Item 3	Selecting option "B", Terminal Report
Page 1	Item 20	Changing the President's title
Page 1	Item 21	Changing the Treasurer's title
Page 2	Items 9 – 11	Answering "Yes"

After you enter data in a field that requires additional information or when the system validates that field (see Validating the Form), a message identifying the additional information that you must enter will display.

Adding Required Information

To add required additional information:

1. Click the **OK** button to close the message window.

The form takes you to Item 19—Additional Information.

2. Enter the information according to the instructions in the message window that prompted you to enter additional information.
3. Click the **Save** button in the upper right corner of Item 19—Additional Information.

The additional information will display on the Additional Information Summary page that is automatically added to the end of the form.

Note: You are required to enter an answer in Item 19. Entering a space, tab or return without any other text will not be accepted by Form LM-4.

Deleting Required Information

To delete additional information you were prompted to enter:

1. Go to the page and field that prompted you to enter the additional information and change or delete the entry in the field.

Example 1: If you entered an amount in a field, delete the amount.

Example 2: If you selected a check box that prompted the message to enter additional information, change the check box selection—for example, from “yes” to “no.”

The additional information you entered is automatically deleted from the Additional Information page.

Adding Optional Information

To add optional additional information:

1. Go to the first page of Form LM-4.
2. Click the **General Additional Information** button.

A message window stating that you can enter general comments will display.

3. Click the **OK** button to close the message window.

The cursor is now in Item 19—Additional Information.

4. Enter a comment in Item 19—Additional Information.
5. Click the **Save** button in the upper right corner of Item 19—Additional Information.

The comment that you entered is labeled “General Information” on the Additional Information Summary page at the end of the form.

Modifying or Deleting Optional Additional Information

To modify or delete optional additional information:

1. Go to the first page of Form LM-4.
2. Click the **General Additional Information** button.

A message stating that you can enter general comments will display.

3. Click the **OK** button to close the message window.

Previously entered comments will display in Item 19—Additional Information.

4. Modify, including adding more information or deleting the comment(s) that displays in Item 19—Additional Information.
5. Click the **Save** button in the upper right corner of Item 19—Additional Information.

The revised comment will display on the Additional Information Summary page at the end of the form. When you delete a comment, it is removed from the Additional Information Summary page.

Downloading and Prefilling Document

To begin the process of completing the electronic Form LM-4, download the form and prefill information by following these steps:

1. Go to the OLMS home page (www.olms.dol.gov).

2. Select "Download the Electronic Form LM-2, LM-3, LM-4 and T-1" from the *Quick Links* section.

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
www.dol.gov/esa

February 14, 2005 DOL Home > ESA > OLMS
Office of Labor-Management Standards (OLMS)

The Office of Labor-Management Standards (OLMS) of the U.S. Department of Labor's Employment Standards Administration administers and enforces most provisions of the Labor-Management Reporting and Disclosure Act of 1959 (LMRDA). The LMRDA was enacted primarily to ensure basic standards of democracy and fiscal responsibility in labor organizations representing employees in private industry. Unions representing U.S. Postal Service employees became subject to the LMRDA with the passage of the Postal Reorganization Act of 1970. The LMRDA establishes:

- A Bill of Rights for union members;
- Requirements for reporting and disclosure of financial information and administrative practices by labor unions;
- Requirements for reporting and disclosure by employers, labor relations consultants, union officers and employees, and surety companies, when they engage in certain activities;
- Rules for establishing and maintaining trusteeships;
- Standards for conducting fair elections of union officers; and
- Safeguards for protecting union funds and assets.

OLMS also administers provisions of the Civil Service Reform Act of 1978 and the Foreign Service Act of 1980 relating to standards of conduct for Federal employee unions, which are comparable to LMRDA requirements.

Transit Employee Protections

When Federal funds are used to acquire, improve, or operate a transit system, Federal law requires arrangements to protect the rights of affected mass transit employees. The OLMS Division of Statutory Programs ensures that fair and equitable arrangements are in place before the U.S. Department of Transportation's Federal Transit Administration (FTA) can release funds to grantees. The terms and conditions of the protective arrangements are included in the grantee's contract with FTA.

We Want to Know What You Think

Do you have comments or suggestions about the material offered here? Please take the DOL Customer Survey (via the link at the bottom of this page), or email OLMS directly at olms-public@dol.gov with any comments, suggestions, or concerns.

Last Updated: 02/01/05

[Back to Top](#) www.dol.gov/esa www.dol.gov

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Customer Survey](#)
[Privacy & Security Statement](#) | [Disclaimers](#) | [E-mail to a Friend](#)

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USA-DOL
TTY: 1-877-889-5627
[Contact Us](#)

OLMS Links
[Compliance Assistance](#)
[LMRDA Enforcement](#)
[Internet Public Disclosure Room](#)
Forms
▪ [Current LM-2, LM-3, LM-4](#)
▪ [Revised Form LM-2](#)
▪ [New Form T-1](#)
▪ [All Other Forms](#)
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FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

3. Enter the first three digits of your labor organization's file number in the Union ID # field's first segment. Enter the second three digits of your labor organization's file number in the Union ID # field's second segment. Once you have entered the Union ID, select the Fiscal Year for which you are submitting the LM4.

Electronic Filing

for Labor Unions & their Trusts

Download LM-4: Enter Your Information

The Electronic Filing System customizes the LM-4 with your Union's information based upon information that you enter below. Enter the Union Filing Number and the reporting period for this report. If you do not know the Union Number, please contact OLMS at: (202) 693-0124 or click on the Search for Organization link below.

Please be advised it may take a few minutes to generate your form.

Union ID #: - [Search for Organization](#)

Fiscal Year Covered

4. Click the **Continue** button

Note: Notice that the Begin and End dates are pre-populated with the Begin and End dates of your union's Fiscal Year.

5. If you need to change the beginning date, use the *Period Covered Begin* field's drop-down list.
6. If you need to change the end date, use the *Period Covered End* field's drop-down list.

Note: You cannot enter a date range that covers more than one year.

Electronic Filing
for Labor Unions & their Trusts

Download LM-4: Enter Your Information
The Electronic Filing System customizes the LM-4 with your Union's information based upon information that you enter below. Enter the Union Filing Number and the reporting period for this report. If you do not know the Union Number, please contact OLMS at: (202) 693-0124.

Please be advised it may take a few minutes to generate your form.

Union ID #: -

Period Covered

Begin

End

7. Click the **Generate Form** button.

The *Click Below to Start Downloading* window will display.

8. Right-click the Form LM-4 link. Click "Save Target As..." and then select a location to store the PDF file. To use the downloaded form, first start the Adobe® Reader® 6.x or Higher program on your computer. Open the form by selecting "Open" from the Adobe® Reader® 6.x or Higher "File" menu, and navigating to the location where you saved the lm4.pdf and selecting it.

Some fields on page 1 of New Form LM-4 are populated with prefill information. The following table lists the fields containing prefill information and indicates whether or not those fields are editable.

Table 3: Prefill Fields

Page	Item Number	Name	Editable
1	1	File Number	No
1	2	Period Covered Start Date	No
1	2	Period Covered End Date	No
1	4	Affiliation Name	No
1	5	Designation	No
1	6	Designation Number	No
1	7	Unit Name	No
1	8	First Name	Yes
1	8	Last Name	Yes
1	8	P.O. Box	Yes
1	8	Number and Street	Yes
1	8	City	Yes
1	8	State	Yes
1	8	Zip Code	Yes

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FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210		FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS		Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2006	
<small>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.</small>					
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT					
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MON DAY YEAR From Through		3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/>	
4. AFFILIATION OR ORGANIZATION NAME			8. MAILING ADDRESS (Type or print in capital letters)		
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	First Name		Last Name
7. UNIT NAME (if any)			P.O. Box – Building and Room Number (if any)		
			Number and Street		
			City		
			State	ZIP Code + 4	
19. ADDITIONAL INFORMATION					
<small>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</small>					
20. SIGNED: _____ Date Telephone Number		PRESIDENT (If other title, see instructions.)	21. SIGNED: _____ Date Telephone Number		TREASURER (If other title, see instructions.)
Form LM-4 (Revised 2000)		General Additional Information	Validate Form	Submit	

Completing Page 1:

1. Complete Item 3 if the report is amended or terminal.
2. Enter information in Items 5-8 according to the instructions.

Note: Items 5-7 are not editable.

Note: You must contact the U.S. Department of Labor's Office of Labor-Management Standards at 202-693-0124 to officially change a labor organization's affiliation or organization name in Item 4.

Important:

You are prompted to enter additional information in Item 19 if:

- The Period Covered is less than one year;
- You indicate that this is a terminal report (Item 3);
- You are changing President's title (Item 20); and/or
- You are changing Treasurer's title (Item 21).

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

COMPLETE ITEMS 9 THROUGH 18

FILE NUMBER:

Enter Amounts in Dollars Only – Do Not Enter Cents

9. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see instructions.)*

Yes No

10. During the reporting period did the labor organization change the rates of dues and fees? *(If "Yes", report the new rates in Item 19 on page 1.)*

Yes No

11. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? *(Answer "Yes" even if there has been repayment or recovery.)*

Yes No

12. During the reporting period was your organization insured by a fidelity bond?

Yes No

If "Yes", enter the maximum amount recoverable under the bond loss caused by any person.

13. How many members did your organization have at the end of the reporting period?

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc).

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). *(If \$10,000 or more, your organization must file form LM-2 or LM-3 instead of this form.)*

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.)

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

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

If the answer to question 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.

Form LM-4 (Revised 2000)

Completing Page 2:

1. Answer Items 9-18 according to the instructions.

Important:

- You are prompted to enter additional information in Item 19 if you select "Yes" as the answer to Items 9-11.
- You cannot enter negative numbers in Items 12 - 18.

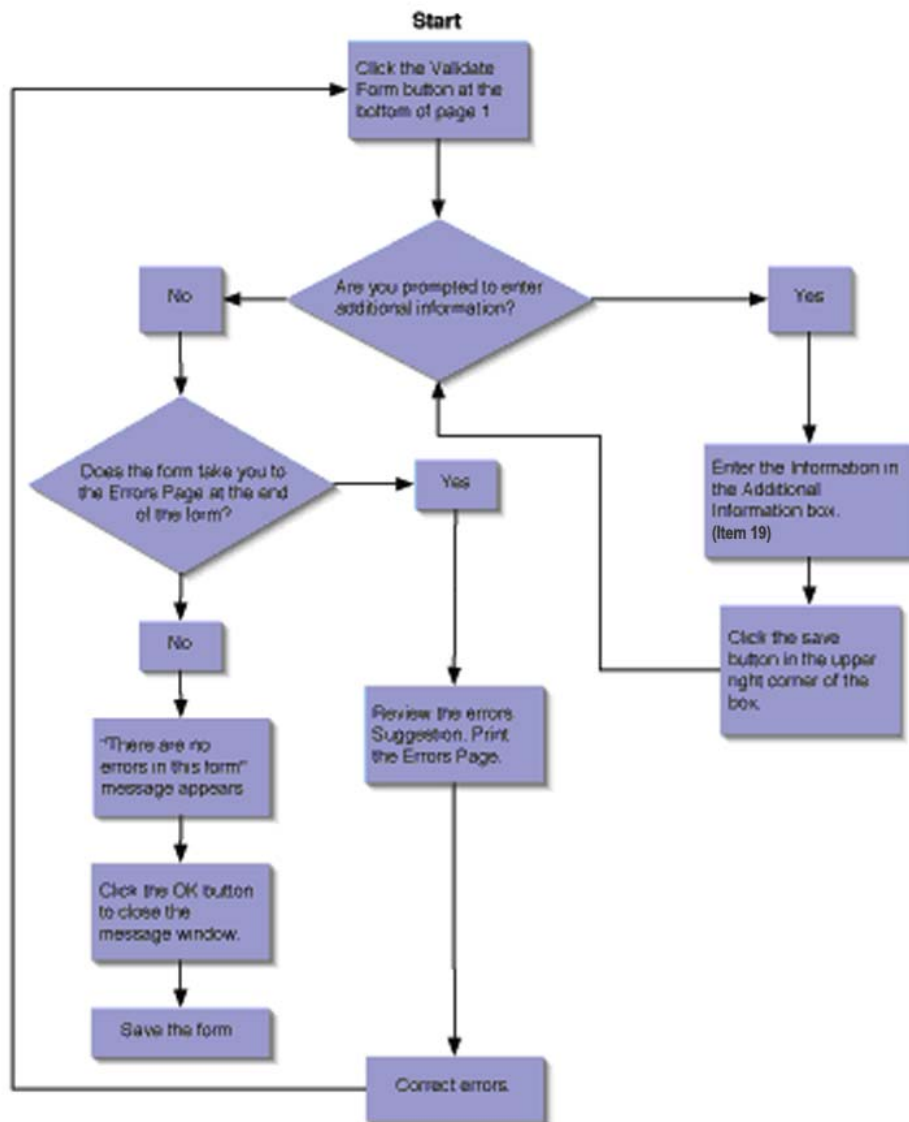
Validating the Form

After completing pages 1 and 2, validate the form. The validation process:

- Verifies that you entered information in required fields;
- Ensures that the information you entered is what the form “expected” – for example, validation checks that you have entered a number, not text, into an amount field.

To validate the form:

1. Go to page 1 of Form LM-4.
2. Use the decision chart to guide your next steps.



Adding Signatures

In order to file Form LM-4 electronically, you are required to add digital signatures to the signature block on the bottom of page one. Before being able to do so, the following must be completed:

You must obtain an Access Certificate for Electronic Services (ACES) digital certificate. See the OLMS Web site (www.dol.gov/esa/regs/compliance/olms/digital-signatures.htm) for information on obtaining an ACES certificate. Once you receive your digital signature, you must install it based on the instructions provided by the digital certificate vendor.

Note: If your organization's Form LM-4 is prepared by a third party (for example, an accounting firm), the preparer will need to save the completed form to a CD or other removable media and send it to the officers of your organization who will be signing the form. Once the completed form is loaded on an officer's computer, the officer will use his/her digital signature to sign the form. After the first officer digitally signs the form, he/she must send the form using removable media to the other officer who will then load the form on his/her computer and digitally sign the form.

Before you can digitally sign the Form LM-4, the form must pass validation. See the section on validation for more information about errors in the Form LM-4. All errors must be resolved before the form may be signed.

If an officer other than the President or Treasurer is signing the form, the title field next to the signature can be changed. Changing the title field to a different value prompts you to enter an explanation as to why the President or Treasurer is not signing the form.

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FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

To affix a digital signature to the form, do the following:

1. Click the signature line.
2. A pop-up will appear with a paragraph of text starting "This form has passed the validation check and is able to be signed and submitted to the Department of Labor."
3. Click **OK**.
4. Another pop-up will indicate "The form is ready for signing. Click the signature again to sign."
5. Click **OK** and a red arrow should appear in the signature block.

Adobe Reader - [lm4.pdf]

File Edit View Document Tools Window Help

Open Save Print 66% Easily share digital photos

eBooks Fill-in Form Review & Comment Sign Select Text

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

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT
FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0169
Expires: 11-30-2009

This report is mandatory under P.L. 89-257, 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 Office Use Only	1. FILE NUMBER 000-001	2. PERIOD COVERED MON DAY YEAR From 04/01/2002 Through 03/31/2003	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XIII of the instructions and check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME SECURITY POLICE, FIRE PROF, IND	8. MAILING ADDRESS (Type or print in capital letters) First Name: DENNIS Last Name: ECK P.O. Box - Building and Room Number: Number and Street: 25510 KELLY ROAD City: ROSEVILLE State: MI ZIP Code + 4: 48086
--	---

5. DESIGNATION (Local, Lodge, etc.) NATIONAL HEADQUARTERS	6. DESIGNATION NUMBER
--	-----------------------

7. UNIT NAME (if any)

19. ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

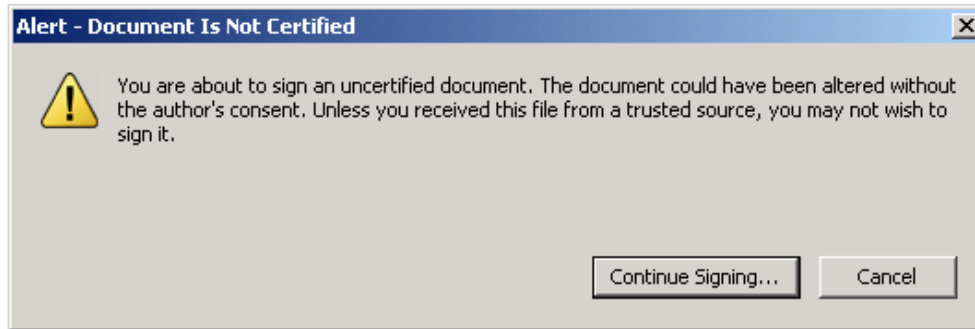
20. SIGNED: [Signature] PRESIDENT (If other title, see instructions.) Date Telephone Number	21. SIGNED: _____ TREASURER (If other title, see instructions.) Date Telephone Number
---	---

Form LM-4 (Revised 3/04)

11 x 8.5 in 1 of 3

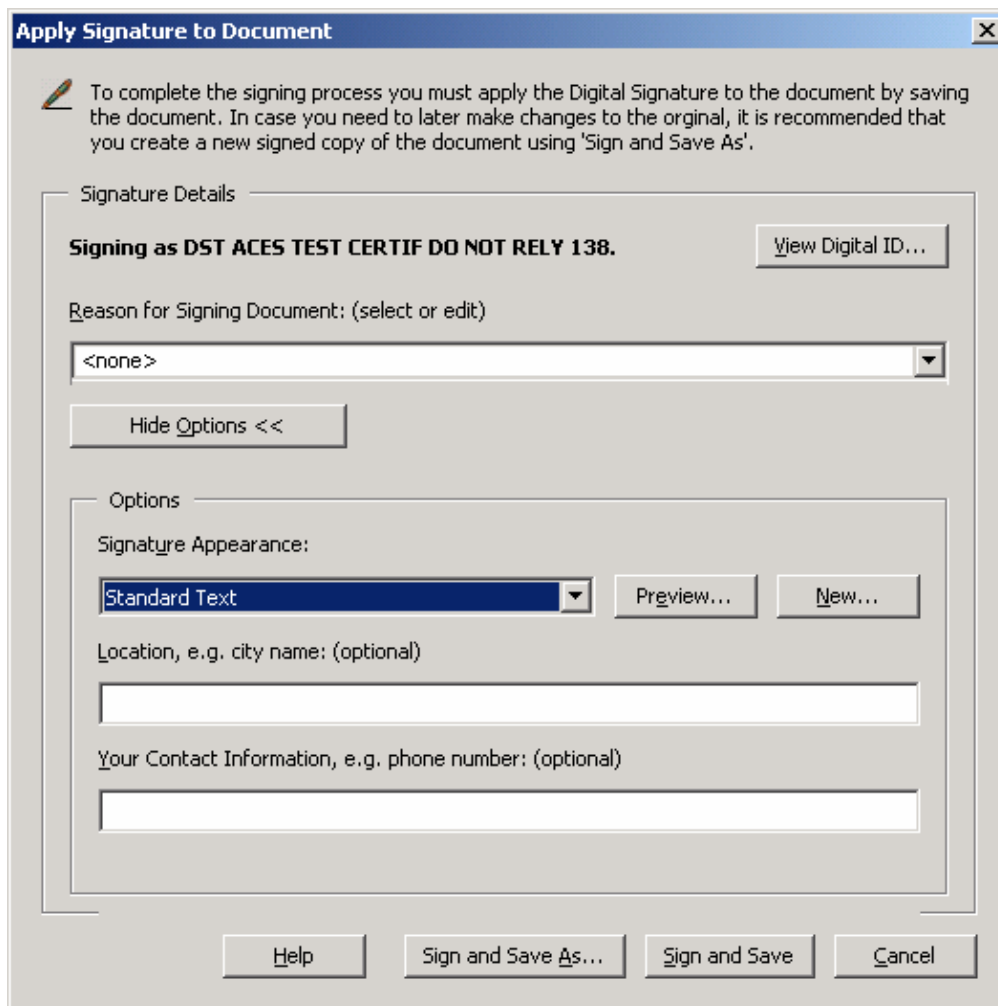
FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

6. Click the arrow to apply the signature. The following pop-up will appear:



7. Click **Continue Signing...** button in the pop-up alert. A pop-up with a list of possible digital signatures is displayed.

8. Select the digital ID previously installed, and click **OK**. **Once you do, the following pop-up is displayed:**



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FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT (electronic)

- Click **Sign and Save As** to complete the form and save it with signature. Once you do, the form has been successfully signed.

Office of Labor-Management Standards
Washington, DC 20210

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

No. 1215-0188
Expires: 11-30-2006

This report is mandatory under P.L. 89-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER 000-001	2. PERIOD COVERED MON DAY YEAR From 04/01/2002 Through 03/31/2003	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME SECURITY POLICE, FIRE PROF, IND	8. MAILING ADDRESS (Type or print in capital letters) First Name: DENNIS Last Name: ECK P.O. Box – Building and Room Number: Number and Street: 25610 KELLY ROAD City: ROSEVILLE State: MI ZIP Code + 4: 48066
--	---

5. DESIGNATION (Local, Lodge, etc.) NATIONAL HEADQUARTERS	6. DESIGNATION NUMBER
--	-----------------------

7. UNIT NAME (if any)

19. ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED: [Signature] TEST CERTIF DO 138 Date: Telephone Number:	PRESIDENT (If other title, see instructions.)	21. SIGNED: _____ Date: Telephone Number:	TREASURER (If other title, see instructions.)
---	--	--	--

Form LM-4 (Revised 2004)

General Additional Information Validate Form

Once you have successfully signed the form, a green checkmark should appear next to the red arrow. The green checkmark indicates that the form has been signed, and there have been no changes to the form since the signature was applied. If any data in the form is changed after the signature is applied, the signature will disappear, and must be re-applied.